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REPORT OF THE EXECUTIVE DIRECTOR

Overview of actions for children in 1990

SUMMARY

The present document provides an overview of developments in UNICEF programmes, operations and external relations in 1990. The introduction summarizes the events of 1990 that made it a year of significant accomplishments, on the one hand, and one that offers even greater challenges for UNICEF in the years ahead, on the other. Chapter I reviews progress achieved in child survival, development and protection, including supporting actions and other basic services. Adjustment and debt relief, environment and development issues and Central and Eastern Europe are also discussed in chapter I. Chapter II focuses on UNICEF operations, including finances and financial management, human resource management, supply operations and information resource management. Chapter III, on external relations, deals with information, public affairs, the media, UNICEF collaboration with United Nations organizations and others and greeting card and related operations.

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INTRODUCTION

1. The year 1990 was both a year of great accomplishment and one of greater challenges for UNICEF programming. The entry into force of the Convention on the Rights of the Child on 2 September 1990 brings with it the challenge of extending ratification to a greater number of countries and of translating the rights of the child into national law and practice. The World Conference on Education for All held at Jomtien, Thailand, from 5 to 9 May 1990, broadened the scope of basic education for all, provided the opportunity for participating countries to review their education systems and commitments and issued a challenge to extend primary education or its equivalent to all children, especially to the girl child. Achievement of the universal child immunization (UCI) objectives for 1990 has set the stage for more intensive efforts in the next decade to expand coverage and maximize impact. Sustainability of the gains made during the 1990s now receives increased attention and support. Finally, the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for its implementation, adopted by the World Summit for Children, held at United Nations Headquarters on 30 September 1990, and endorsed by the United Nations General Assembly in resolution 45/217 in December 1990, provide evidence of the unprecedented political support, as well as the challenge, to achieve the ambitious goals for the year 2000 adopted by the UNICEF Executive Board in April 1990 (E/ICEF/1990/13, decision 1990/2).

I. PROGRAMME OVERVIEW

2. In 1990, UNICEF cooperated in programmes in 127 countries and territories, the majority of which were in Africa (44), followed by Latin America and the Caribbean (35), Asia (34) and the Middle East and North Africa (14). Preliminary data from key countries strongly indicate that (a) the 1990 UCI goal will probably be achieved; (b) the 80 per cent coverage for three doses each of combined diphtheria/pertussis/tetanus (DPT) and polio vaccines will be met; (c) coverage with anti-tuberculosis vaccine (BCG) will exceed the 80 per cent target; and coverage with measles vaccine will be between 75 and 80 per cent (see para. 38 below). The overall success of the programme and the strengthening of the delivery system offer new scope in the next decade for expanded antigen coverage, polio eradication, measles control and the delivery of such important micronutrients as vitamin A and iodine through the same system. This effort has strengthened the primary health care (PHC) system, while reducing the curative patient load. With the expansion of the Bamako Initiative, a further strengthening of the PHC system in Africa and progress towards building sustainable immunization capabilities will be made. It has also created a confidence among countries and institutions that ambitious goals, both well planned and politically supported, can be achieved.

3. The common goals for the year 2000 endorsed by the 1990 UNICEF Executive Board have served as the core of the World Summit Declaration and Plan of Action. Achievement of the interrelated goals of reducing infant and

under-five mortality by one third and maternal mortality by one half, along with a reduction by one half of severe and moderate malnutrition, will require that the pace of existing programmes be significantly accelerated and that supporting health and nutrition goals be substantially met. Achievements will rely in no small measure on further progress in the field of communications and social mobilization. The UCI experience has aptly demonstrated the potential impact of those supporting strategies. Efforts to prevent early pregnancy, sexually transmitted diseases (STDs) and acquired immune deficiency syndrome (AIDS), substance abuse and other significant health risks are largely dependent on the ability to communicate health information to families and to persuade people to avoid high-risk behaviour.

4. The need to improve capabilities in community resource management is an area of increased attention in UNICEF programming. Food and water security, community environmental concerns, community financing, monitoring and mobilization have at their root the need to strengthen community-level capabilities in resource and information management. This is particularly relevant in Africa, where troubled economies, the pressures of adjustment and the worsening health threats of AIDS require the most efficient utilization of scarce resources in meeting the increasing challenges.

5. The central role of the girl child in programming sectors is increasingly evident. The Convention on the Rights of the Child provides a new and powerful tool with which to elevate the social status of the girl child in many societies. An increased emphasis on female literacy, women's health and safe motherhood - all UNICEF programme priorities - is now sought more widely and represents areas for strengthened partnerships in the 1990s.

6. Basic education has become a major challenge for the 1990s since sustainability of the gains made in the 1980s and the establishment of a firm foundation for child development would require major efforts in reviving and strengthening basic education structures, including not only schools, but also early childhood development, non-formal channels and the "third channel" - an additional channel for public education created by new means of communications.

A. Programme expenditure

7. Programme expenditure in 1990 totalled $584 million ($319 million from general resources and $265 million from supplementary funds). This was distributed over different programme fields as shown in table 1 below. Owing to the integrated nature of UNICEF assistance, the breakdown by sector is somewhat arbitrary in relation to the impact of services.

8. As the figures indicate, UNICEF programme expenditure in health remains the largest, increasing both numerically and proportionately. Expenditure for education and young child development reached $57 million in 1990, or 10 per cent of total programme expenditure. Expenditure for water supply and sanitation increased by $6 million to $82 million, or 14 per cent of total programme expenditure. Programme expenditure supported by supplementary

funding is given in table 2 below. In 1990, increased support was provided in all fields except emergencies.

9. The geographical distribution of programme expenditure is shown in table 3 below. Expenditure for Africa has risen steadily from an annual average of $19 million (21 per cent) in 1970-1979 to $216 million (37 per cent) in 1990.

B. Developments in Africa

10. By mid-1990, 29 of the 42 least developed countries were in Africa - seven of them having been so designated in the 1980s. The best case scenario of the World Bank forecasts that per capita incomes in sub-Saharan Africa will grow by 0.5 per cent per year in the 1990s, the lowest of any region in the world, with no increase at all over the period 1990-1995. While the incidence of poverty is projected to decline slightly in Africa from 47 to 43 per cent by the year 2000, sub-Saharan Africa will have, by that time, the greatest proportion of poor people of any region in the world and will account for 30 per cent of the world's poor as compared to 16 per cent in 1985. An additional 85 million people (of the 165 million to be born) will move into poverty in Africa over the period 1985-2000, about double those who will move out of poverty in India over the same period. It is of special concern that even those disquieting estimates are based on assumptions of global economic growth, debt relief and substantially increased foreign aid. Should such conditions not be met, the economic prospects for Africa are even bleaker, with the consequent impact on social and human conditions on the continent.

11. Africa is the only region in the world where the number of child deaths is increasing. New outbreaks of violence are creating more refugees and displaced persons. Educational enrolments are declining and, with growing unemployment, women's access to the informal sector is being constrained as men move in, attempting to replace their own lost formal sector jobs. Moreover, the increasing scourge of AIDS is affecting health and social prospects dramatically.

12. The UNICEF commitment to Africa remains high: the number of field offices has increased significantly over the last five years; staff levels have increased to 38 per cent of total UNICEF staff; and funding has increased to 37 per cent of total UNICEF expenditure in 1990.

13. The principles of the Bamako Initiative, revitalizing and sustaining PHC systems through the active participation of communities in the management and financing of local health care institutions, are rapidly being accepted and implemented in Africa. There was remarkable progress in immunization coverage levels in 1990. More than one third of African countries have achieved UCI, which for Africa was set at 75 per cent, and a further one third will have attained 50 per cent coverage by the end of 1990. The Gambia, Kenya, the United Republic of Tanzania and other countries have begun local-level efforts

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Table 1. Total UNICEF programme expenditure by programme field

(In millions of United States dollars)

Programme	1970-1979 a/		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Child health	31	34	144	39	158	40	203	40	250	43
Expanded programme on immunization			(86)	(23)	(84)	(21)	(114)	(23)	(149)	(25)
Oral rehydration therapy			(7)	(2)	(7)	(2)	(12)	(2)	(9)	(2)
Other health			(51)	(14)	(67)	(17)	(77)	(15)	(92)	(16)
Child nutrition and household food security	9	10	24	6	23	6	28	6	29	5
Water supply and sanitation	16	17	65	18	69	17	76	15	82	14
Education b/	20	22	35	10	37	9	37	7	57	10
Other programme areas c/	5	5	25	7	29	7	35	7	41	7
Emergency	4	5	25	7	32	8	48	10	49	8
Planning/advocacy/ programme support d/	6	7	47	13	52	13	74	15	75	13
Total UNICEF programme expenditure	91	100	365	100	400	100	501	100	584	100

a/ Annual average.

b/ Figures in 1990 include young child development programmes.

c/ Consists of community development and organization, women's programmes and children in difficult circumstances.

d/ Consists mainly of advocacy, planning and social statistics and programme support.

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Table 2. UNICEF supplementary funding programme expenditure by programme field

(In millions of United States dollars)

Programme	1987 Amount	1987 %	1988 Amount	1988 %	1989 Amount	1989 %	1990 Amount	1990 %
Child health	76	42	94	45	108	43	122	46
Expanded programme on immunization	(46)	(25)	(56)	(27)	(70)	(28)	(82)	(31)
Oral rehydration therapy	(3)	(2)	(2)	(1)	(4)	(2)	(3)	(1)
Other health	(27)	(15)	(36)	(17)	(34)	(13)	(37)	(14)
Child nutrition and household food security	14	8	12	6	14	6	14	5
Water supply and sanitation	41	23	46	22	45	18	48	18
Education a/	9	5	11	5	8	3	10	4
Other programme areas b/	8	4	8	4	10	4	16	6
Emergency	23	13	28	13	45	18	41	16
Planning/advocacy/ programme support c/	10	6	11	5	20	8	14	5
Total UNICEF programme expenditure from supplementary funding	181	100	210	100	250	100	265	100

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a/ Figures in 1990 include young child development programmes.

b/ Consists of community development and organization, women's programmes and children in difficult circumstances.

c/ Consists mainly of advocacy, planning and social statistics and programme support. A sectoral breakdown cannot be provided.

Table 3. UNICEF programme expenditure by geographical region

(In millions of United States dollars)

	1970-1979 a/		1987		1988		1989		1990	
Region	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Africa	19	21	131	36	146	36	170	34	216	37
Asia	52	57	152	42	167	42	204	41	233	40
Americas and the Caribbean	8	9	31	8	37	9	52	10	58	10
Middle East and North Africa	10	11	39	11	38	10	61	12	57	10
Interregional b/	2	2	13	3	12	3	14	3	20	3
Total	91	100	366	100	400	100	501	100	584	100

a/ Annual average.

b/ Includes Central and Eastern Europe.

to control malaria through the use of repellent-treated bed netting. Safe motherhood initiatives are emerging in Sao Tome and Principe, Togo, the United Republic of Tanzania and Zimbabwe. Nutrition programmes that focus increasingly on the role of women in improving nutrition and in growth monitoring have expanded from an initial few in Eastern Africa. The special problems of the Sahelian subregion have resulted in a wide range of household food security and nutrition activities.

14. While national AIDS control programmes have had limited impact thus far, UNICEF has supported social mobilization for the prevention of AIDS in Kenya, Uganda, Zaire and, recently, Malawi. These activities have yet to be undertaken by other countries with equally high seropositive rates. Accompanying the AIDS pandemic are increasing economic and social pressures on families and communities in Africa, resulting from increasing numbers of children and parents infected with the human immune deficiency virus (HIV) and of children orphaned by AIDS (calculated to reach 5.5 million by the year 2000). Some innovative activities for community self-help have been initiated in Uganda where, in one district surveyed, 25 per cent of children were found to be orphans.

15. The management of emergencies in Africa is becoming more demanding as chronic emergencies are joined by growing numbers and increasing magnitude of short-term emergencies. Man-made emergencies are often exacerbated by drought, as in Angola and Ethiopia. UNICEF has played a more active role in emergencies as it becomes more widely appreciated that children die more often from disease than from starvation. This has resulted in increased emphasis on the non-food components of emergency operations. Programmes to address the needs of children in especially difficult circumstances are increasingly supported, as both displaced and refugee children and their families leave camps and move to cities. Other children in especially difficult circumstances, such as the handicapped and street children, increasingly have become the focus of UNICEF attention in urban areas.

16. There has been considerable progress in the provision of water supply in Africa, not only in coverage, which increased from 83 per cent in 1980 to 87 per cent in 1990 in urban areas and from 33 to 42 per cent in rural areas, but also in maintentance and linkages with programmes for the control of diarrhoeal diseases (CDD). However, the sanitation problem has been accentuated by the increasing numbers of people moving to cities, which have resulted in several outbreaks of cholera (e.g. Benin and Zambia). Several countries (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Kenya, Mali, Nigeria and Togo) have undertaken national dracunculiasis (guinea-worm disease) surveys, which have led to the development of response programmes that combine strong health education and disease surveillance activities with safe water interventions. For example, in Nigeria, the incidence of the disease has been reduced and, in many target villages, it was totally eradicated within three years of the provision of safe water and health education.

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17. Following the successful World Conference on Education for All, many African countries are reviewing their education strategies and programmes with the relevant United Nations agencies. This is reflected in the new country programmes for UNICEF assistance being presented to the 1991 Executive Board. While many schools have been built and opened, there has been little impact on the learning achievement of students since many items, such as textbooks, teaching aids and learning materials, have all but disappeared from African classrooms.

18. Africa is the most rapidly urbanizing region in the world. About one third of the population lives in urban areas and, in most countries, the urban growth rate is twice the rural population growth rate. Urban programmes are being supported increasingly by UNICEF, the most recent in Guinea and Nigeria. To address the problems of particularly disadvantaged urban and rural populations, area-based programmes are being increasingly supported.

19. The challenge for Africa in the 1990s is to focus national capacities on the urgent tasks that must be undertaken to provide a foundation for future development. Africa will have to expand its investment in health and education, rebuild much of its infrastructure in roads and agriculture and reduce income disparities. The beginning of the 1990s has revealed promise through some significant political changes, but also concern in terms of the continuing decline in the situation of children and women. While there are no illusions about the problems that Africa is currently facing, there is optimism about the actions being taken to address these problems. If the efforts of African countries to immunize their children and re-establish their health structures through the Bamako Initiative are any indication, there is hope for the future.

20. Following Executive Board approval at its April 1990 session, UNICEF formulated a programme to support the poor and disadvantaged of South Africa through South African non-governmental organizations (NGOs) concerned with children (E/ICEF/1990/13, decision 1990/9). NGOs decided to form an umbrella body within South Africa, the National Committee for Child Rights, which developed and approved a plan of operations that defines priorities for NGO action. Priorities include the preparation of a thorough and independent situation analysis of children and women in South Africa; support for a social mobilization programme focusing on the Convention on the Rights of the Child and Facts For Life; and support for critical life-saving measures for children. Steps are also being taken to establish monitoring mechanisms for those activities through an independent international NGO.

C. Adjustment with a human face

21. There is now broad acceptance that the adjustment programmes and economic set-backs of the past decade have been associated with very significant social costs. UNICEF had enjoyed continued success in the past year working through country programmes of cooperation and with other United Nations agencies in advocating adjustment with a human face. According to the World Bank World Development Report 1990 (page 103), whose major theme is poverty:

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> "Evidence of declines in incomes and cutbacks in social services began to mount. Many observers called attention to the situation, but UNICEF first brought the issues into the centre of the debate on the design and impact of adjustment. By the end of the decade the issue had become important for all agencies; it is now examined in all adjustment programmes financed by the World Bank. As UNICEF advocated, attention is focused both on the effect of adjustment policies on the poor and on specific measures to cushion the short-term costs."

22. UNICEF has continued frequent consultations with the World Bank, the International Monetary Fund (IMF) and others at the international level. This has included participation in discussions on the newly released World Bank report, "Sub-Saharan Africa: from crisis to sustainable growth" and in various steering group meetings of the African Department concerned with social dimensions of adjustment projects and the preparation of a World Bank report on the social situation in Africa. In January 1990, an IMF team visited UNICEF headquarters to discuss poverty alleviation programmes and possible areas of collaboration. UNICEF offices in New York, Geneva and the West and Central Africa, Eastern and Southern Africa and the Americas and the Caribbean regions, among others, have all participated in national and regional seminars organized by Governments, universities or other international organizations. A second meeting of the African Research Group, organized by the International Child Development Centre (ICDC) at Florence, Italy, and the Office for Planning and Coordination at UNICEF headquarters, was held at Nairobi, Kenya, to discuss various country case studies and the preparation of a new volume of research on the relationship between adjustment and long-term development and human capabilities in sub-Saharan Africa. In Eastern Africa, a local network on adjustment has been established to exchange experience with a view to increasing in-house capacity to deal with adjustment issues.

23. Many country programmes continue to have or are establishing regular activities on adjustment-related issues, such as stimulating public awareness on the deteriorating situation of children through regular reporting, commissioning studies to document specific effects of recession and adjustment, establishing groups to coordinate work and advocacy for a new focus on social sector spending and assisting Governments in their negotiations with the World Bank and IMF. Examples include UNICEF support to the Consejo Nacional de Desarrollo (National Development Council) in Ecuador in its efforts to formulate a social development section in the development plan; participation in inter-agency efforts to support the national social impact amelioration programme in Guyana; and organization of a seminar in Myanmar to sensitize government officials to the need for protecting vulnerable groups during and after economic transition and of the Warsaw Round-table for countries in Central and Eastern Europe.

24. Third world debt remains a substantial obstacle to child survival activities in the poorest countries. UNICEF continues to work with the Inter-American Development Bank (IDB) on the human investment fund in Latin America. In the past year, various meetings have been held between UNICEF, IDB and the United Nations Legal Office to finalize the memorandum of

agreement. A meeting with prospective donor Governments was held at The Hague in June 1990, at the invitation of the Netherlands Government, and follow-up activities are planned. The Summit Declaration urged more support to debt relief for children. With the preparation of the IDB/UNICEF scheme to support a debt buy-back for social investment and the proven utility of debt relief for children (a debt swap arrangement), UNICEF now has two clear approaches to implement the Summit resolution (see E/ICEF/1991/CRP.4). The challenge in 1991 is to obtain the donor commitment and support needed for these schemes to begin operating on a reasonable scale.

D. Environment and sustainable development

25. UNICEF participation in a range of programme areas designed to counter environmental degradation has been expanded in the past year at both the global and the country levels and reflects the growing appreciation of the relationships between child health, community participation and sustaining and enhancing the community environment. At one level, improved child survival, and its reciprocal effect of reducing birth rates, continue to offer one of the most significant interventions available to reverse the impact of expanding populations and shrinking natural resources. There is now the real prospect to accelerate the decline in fertility rates and achieve population stabilization by rapidly implementing the present potential for dramatically improving child survival and well-being. At another level, existing child survival and development (CSD) programmes benefit significantly from the incorporation of environmental improvement activities that encompass broader community participation and more immediately visible outcomes.

26. In general, UNICEF activities in environment have built on strong community mobilization efforts generated within existing CSD programme structures and have stressed the importance of children's participation. Major environment-related components of country programmes have included school tree planting and education on their preservation; social forestry; water management, including rainwater collection systems and watershed protection; environmental sanitation and community drainage; improved vector control; the testing and promotion of biogas; fuel-saving and smokeless stoves; social marketing; community education and government field staff training; and assisting in programme and policy development.

27. Social forestry activities have been initiated in Nepal to assist 5,000 subsistence families; in Benin and Madagascar in conjunction with the school curriculum and related interventions; and in Ethiopia as a part of the development of women's community nurseries and the promotion of improved stoves. Clean-burning and fuel-saving stoves are also promoted as a part of broader environmental programmes in Bhutan, Morocco, Mozambique, Sri Lanka and the Sudan. The country programmes of Guinea-Bissau, the Philippines and Turkey have focused attention on environmental problems in poorly serviced urban areas where overcrowding is compounded by inadequate sanitation and refuse removal services. Globally, UNICEF water supply and sanitation programming is moving towards an approach based on increased community

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participation, where environmental hygiene, drainage, vector control, social marketing of sanitation facilities and alternative approaches to water resource management are more closely integrated with CSD activities.

28. UNICEF environmental programming has been characterized by substantial inter-agency and interinstitutional collaboration. At the global level, UNICEF is cooperating with the United Nations Environment Programme (UNEP) and other agencies in preparation for the United Nations Conference on Environment and Development. A joint UNICEF/UNEP report entitled "Children and the environment" was released on World Environment Day. At the country level, UNICEF field offices are also actively supporting the preparation of national profiles on the environment for the World Conference. At the national level, notable programmatic collaboration exists in Kenya, where a study was undertaken with UNEP to develop approaches within CSD programming to improve the environment; in Brazil, with other initiatives on a broad-based programme in the Amazon; and in Chile, where a working group comprised of government officials, NGOs and UNICEF proposed the formulation and implementation of environmental policies and programmes. A substantial expansion and strengthening of environmental protection and enhancement programmes can be expected in UNICEF country programmes in the coming years.

E. Central and Eastern Europe

29. In decision 1990/5 (E/ICEF/1990/13) on Central and Eastern Europe, the Executive Board authorized UNICEF to undertake certain specific child-related activities in countries of the region undergoing dramatic political, social and economic transformations, and implementation of activities is well under way. One of the major activities organized during the latter half of 1990 was a round-table on "Safety nets for children in Central and Eastern Europe" held at Warsaw under the auspices of the Government of Poland, with organizational support from UNICEF.

30. The Warsaw Round-table was attended by policy makers and experts on social security and public finance from Bulgaria, Czechoslovakia, Hungary, Poland, Romania, the Union of Soviet Socialist Republics and Yugoslavia, as well as representatives from the World Bank and the World Health Organization (WHO). The round-table focused on adjustment mechanisms (see also paras. 21-24 above) that need to be developed by countries in Central and Eastern Europe to protect children and other vulnerable groups during the transition to a market economy when previous forms of security and protection may be abandoned before new forms are developed and put in place. Conclusions included recommendations to monitor the development of alternative social policies with respect to their effectiveness and to establish basic reporting systems to monitor child welfare indicators during the transitional phase. A follow-up meeting in Bulgaria is planned to act further on these recommendations. ICDC has proposed research and information exchange projects on institutionalized child care and early child development in Central and Eastern Europe as an extension of its ongoing analytical work on children in industrialized countries.

31. The after-effects of the Chernobyl nuclear accident, one of the major topics of debate in the United Nations Economic Commission for Europe and in the United Nations General Assembly in 1990, has led to various international initiatives. The International Atomic Energy Agency (IAEA) organized several inter-agency meetings and missions on the disaster in which UNICEF participated.

32. Following the collapse of the Ceausescu regime, the plight of institutionalized children in Romania that was brought to light aroused much concern. UNICEF undertook four emergency missions to Romania during 1990 with a focus on these children. It has been necessary to have a UNICEF presence in Romania during this period of intense activity, with both staff and operating costs covered by specific-purpose emergency contributions. The UNICEF response to the Romania emergency include: (a) providing immediate emergency requirements; (b) catering for longer-term emergency needs; and (c) designing policies and programmes for the deinstitutionalization of children, child protection and child development. Support for immediate emergency requirements has included the delivery of much needed pharmaceutical and medical products and the essential equipment for the institutions for children, as well as training for professional and paraprofessional staff working in the institutions.

33. As a longer-term objective, the emergency programme aims to reduce the number of institutionalized children by redefining the screening criteria for child disabilities for the specialized institutional care and also by developing alternative approaches to institutionalization, including family reunion, foster home placement and adoption.

F. Child survival and development/primary health care

34. During the prolonged economic crisis of the 1980s, UNICEF advocacy consistently highlighted the challenge of turning the constraints of economic adjustment into an opportunity for restructuring the health sector along the lines of PHC. Given the extreme scarcity of resources, priorities for health action needed to be viewed in relation to basic health needs. For this reason, and recognizing the major impact on child health of simple low-cost health technologies, when combined with simple, but powerful health messages, UNICEF has focused on UCI and CDD as the two leading components of its broader support to maternal and child health (MCH) activities. At the same time, its involvement in other areas of MCH has also increased.

35. The health goals of the 1990s, adopted at the World Summit for Children, require that UNICEF involvement in the health sector includes increased emphasis on strengthening the capacity of the PHC infrastructure to provide accessible health services that are both affordable and appropriate to the local situation, as well as sustainable. It is clear from programmatic action undertaken in countries of all regions during 1990 that the next decade will witness a more synergistic merging of the operational elements of specific CSD health interventions and, building on the systems strengthened by those

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interventions, increased efforts to revive and strengthen overall basic health services. In many countries, UCI activities have already led to the initial strengthening of fixed centres through which other health interventions, both preventive and curative, can be, and are now being, directed.

36. In terms of impact and the long-term sustainability of improved health services, PHC elements that empower the community are perhaps the most significant. Managerial accountability and social mobilization have been at the heart of UCI successes. A further strengthening of this process has begun with the involvement of communities in the management and financing of peripheral health services under the Bamako Initiative, as well as with increased emphasis on community participation of other UNICEF-supported CSD activities. Community action is now more widely recognized as the key to the provision of PHC through cost-effective service delivery and outreach. Individual UNICEF-supported intervention areas reported below are intended to converge at the community level, strengthening the PHC system and enhancing the ability of communities and families to care better for their children. Led by the record efforts of the UCI programme, significant progress in community outreach was made during 1990.

37. In order to meet the challenges of the 1990s more efficiently and effectively, programme advisory services have now been reorganized into clusters - health, nutrition, water supply and sanitation, education and intersectoral activities - that group together interacting and mutually reinforcing disciplines.

Universal child immunization

38. The year 1990 was a milestone for the UCI programme (see E/ICEF/1991/L.8 for a report on the substantial progress made in this area and E/ICEF/1991/L.8/Add.1 for more detailed country case-studies). Immunization coverage in developing countries increased more than fourfold from less than 20 per cent in 1981 to the 1990 goal of 80 per cent. While final performance figures for 1990 were unavailable at the time of preparation of the present report, preliminary data from key countries suggest that a coverage level of 80 per cent should be reached for three doses each of DPT and polio. Coverage with BCG should exceed the 80 per cent target. The figure for measles coverage, likely to be between 75 and 80 per cent, is lower, in part owing to the fact that reporting is restricted to vaccinations administered to infants between the ages of 9 and 12 months. Surveys have shown higher coverage in many countries among children aged up to 18 months. It is expected that approximately 60 countries will reach UCI by the end of 1990 and an additional 15 to 20 will achieve the goal for all antigens except measles. At these coverage levels, an estimated 3 million deaths from measles, neonatal tetanus and whooping cough are now being prevented annually, as well as more than 400,000 cases of poliomyelitis.

39. Asia, led by the outstanding coverage achieved in China, has made the most dramatic improvement during the past three years. At least 28 countries in the Americas and the Caribbean region will have achieved the UCI target at

the end of 1990, and the experience gained in the region in polio eradication efforts will serve as a basis for the global eradication programme. A significant commitment by African countries and extensive international support have enabled the region to more than double coverage in the past four years, with some 20 countries reaching or exceeding the target.

40. In accelerating immunization programmes to meet the 1990 goal, a number of significant achievements have been made in interrelated areas. Cold-chain systems have been extended to reach all or nearly all communities in most countries. Logistics systems have been established or strengthened to manage and preserve vaccine, and they can now be used to strengthen the essential drugs and health supplies delivery apparatus. Information systems for monitoring, management and evaluation that foster more of a performance and impact orientation, both within the health system and with local governments or communities, have been developed in most countries. An important precedent has been set for enhanced multisectoral collaboration in health, with broad-based social mobilization involving religious and community leaders, teachers and electronic and print media. The UCI programme has not only saved a remarkable number of lives - an estimated 12 million from 1980 to 1990 - but it also strengthened the PHC system at the most peripheral level.

41. Social mobilization, to reduce drop-out rates and ensure that children received their immunizations according to the recommended schedule, was a major focus of UCI activities in 1990. Measles immunization was highlighted, and health messages aimed at families and communities were more specific than in the past. Special attention was focused on lower performing districts or provinces and, in many countries, special efforts were required in urban areas. Many countries have extended their capacity to immunize children and mothers by offering routine immunization at all health facilities to children who are brought in for any reason.

42. The potential for new and improved vaccines to increase the efficiency and effectiveness of UCI was the subject of a joint WHO/UNICEF meeting held in New York in September 1990. The resulting "Declaration of New York" is the subject of a separate Executive Board submission (E/ICEF/1991/P/L.31). UNICEF, along with WHO and other agencies and national programmes, is participating in an international consultative group to facilitate international public and private sector collaboration and resource generation.

43. In view of the success of UCI, a vaccine independence initiative is being developed to provide a mechanism for developing countries to become self-reliant in vaccine procurement. This proposal is being submitted to the 1991 Executive Board in document E/ICEF/1991/P/L.41.

44. The success of the global immunization programme has been instrumental in giving many leaders the confidence to set more ambitious immunization-related goals for the next decade, which include the global eradication of poliomyelitis by the year 2000, the elimination of neonatal tetanus by 1995, the reduction of measles cases by 90 per cent by 1995 compared to pre-immunization levels and a global coverage level for all antigens of 90 per cent by the year 2000.

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45. During 1990, a global strategy and plans of action for reaching each of the goals were elaborated by WHO and UNICEF, and national plans of action were drawn up by many countries with high coverage levels. A meeting of the Task Force for Child Survival (comprised of WHO, the United Nations Development Programme (UNDP), the World Bank, UNICEF and the Rockefeller Foundation), which was held at Bangkok, promoted final efforts to reach the UCI target by the end of 1990. With the demonstrated capacity of the immunization programme to reach approximately 100 million infants each year, several countries have begun to integrate other interventions with immunization contacts. These include vitamin A supplements, and where possible, additional vaccines such as yellow fever or hepatitis B.

Control of diarrhoeal diseases

46. National CDD programmes now exist in 112 countries. UNICEF offices are collaborating with WHO and Governments in these efforts and, in many cases, UNICEF is the major source of external support. Recent data indicate continued gains in access to oral rehydration salts (ORS), ORS production, ORS use rates and the use of oral rehydration therapy (ORT). From 1986 to 1988, global access to ORS increased from 58 to 61 per cent. In Africa, access to ORS reached almost 50 per cent, up from 25 per cent just two years ago. The global ORS use rate rose from 14 to 19 per cent between 1987 and 1988, the last period for which figures are available. Increased access to and use of ORS is attributable in part to the continued expansion of ORS production. By the end of 1989, 62 countries were producing ORS. An average of 350 million packets of ORS are now available annually, compared to approximately 40 million in 1980. The global ORT use rate rose to 32 per cent in 1988, up from 23 per cent in 1986 and less than 1 per cent in 1980.

47. According to WHO, the global use rate of 32 per cent may have averted 1.1 million deaths from diarrhoea in children under five years of age in the past year. Increases in the ORT use rate reflect both increases in ORS use and the greater emphasis being placed on the use of home-made solutions to prevent dehydration. UNICEF reviewed its experience in assisting CDD efforts at a global consultation on CDD held in New York in April 1990 with the participation of WHO. A number of recommendations were made that will further enhance the effectiveness of UNICEF work in CDD.

48. In several countries, UNICEF continues to play a key role in defining national CDD policies. Improving the management of diarrhoea episodes, both within the health system and at home, also continues to be a major area of UNICEF assistance. Almost all UNICEF country offices have provided support to CDD training efforts. For example, in Indonesia, special emphasis is being given to improving referral systems, while in the Côte d'Ivoire, the supervision and follow-up of trainees has been identified as a priority area. In some countries, serious efforts are being made to train private practitioners in order to enlist their support as promoters of ORS. Assistance in setting up diarrhoea training units and ORT units has also been provided to many countries.

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49. The training of ORT providers outside the health sector is also expanding rapidly. Examples include church volunteers in Brazil; local government officials in Egypt and Tunisia; teachers, farmers and students in Iraq; scouts in Nepal; and traditional healers in Uganda. A number of other countries are targeting pharmacists as potential providers and WHO is developing special training materials for this purpose. Correct home management of diarrhoea is receiving increased attention at both global and country levels. In April 1990, WHO and UNICEF sponsored an Experts Meeting on the Home Management of Diarrhoea and Acute Respiratory Infections in Baltimore, Maryland (United States of America), in collaboration with Johns Hopkins University.

50. UNICEF involvement in the production, distribution and/or provision of ORS continues in almost all developing countries. Increasing emphasis is also being given to stimulating production within the private sector. In India, a meeting of major ORS manufacturers was held to discuss the importance of uniformity in size, content and labelling. In Bangladesh, Morocco, Uganda and Zaire, innovative arrangements exist with private companies, including the free provision of ORS to ministries of health in exchange for the provision of raw materials, the adoption of standardized labelling and mixing instructions, and the development of social marketing strategies, often in conjunction with NGOs. Although UNICEF remains a major provider of ORS in several countries, the emphasis of its support is shifting from local production per se to tackling other obstacles to availability, quality and access at national and local levels.

51. One of the continuing problem areas has been the high levels of inappropriate, unnecessary and sometimes dangerous drug use in the treatment of childhood diarrhoea. WHO and UNICEF have agreed to devote more attention to this area during the 1990s, and reports from country offices reveal equally strong concern. In many countries, drugs continue to be used in over 40 per cent of diarrhoea cases.

52. Communication continues to be a key area of UNICEF support. UNICEF is assisting mass media activities, principally television and radio spots in many countries. Communication and/or social mobilization campaigns have been completed or are under way in several countries. In the Middle East, many countries launched seasonal campaigns to promote the awareness and use of ORT for the second consecutive year. A number of countries initiated operational research on the behaviour, practices and beliefs of health providers and parents on diarrhoea treatment practices, on the basis of which messages and activities are being developed. Increased attention is also being given to the development of interpersonal communication skills of health workers.

53. An increasing number of UNICEF offices report extensive involvement in activities designed to prevent diarrhoea incidence. This involves the cooperation of ministries and institutions outside the health sector, which is facilitated by the organization's wide range of national contacts. The areas receiving the most attention include the promotion of breast-feeding, the improved use of water supply and sanitation facilities, improved personal and domestic hygiene and measles immunization. In this connection, a recent study

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undertaken in the Matlab area by the International Centre for Diarrhoeal Disease Research, Bangladesh, showed that children who received measles vaccination experienced substantially lower subsequent mortality risks than their unvaccinated counterparts. According to the study, this differential existed even when other socio-economic and demographic differences were taken into account.

54. There are three principal forms of diarrhoea - watery, bloody (dysentery) and persistent. It would be most effective to accelerate efforts to control watery diarrhoea since dysentery and persistent diarrhoea require antibiotic treatment and dietary improvement, respectively. Therefore, strategies for the 1990s will have to focus on quicker accelerated action on watery diarrhoea using ORT to prevent dehydration, thus reaching its goals much earlier. Actions on the other two forms of diarrhoea, however, may have to extend up to the year 2000 to reach their goals.

Acute respiratory infections

55. In many developing countries, acute respiratory infections (ARI) represent either the first or second most frequent cause of visits to health centres by young children. The annual incidence of pneumonia, the most severe manifestation of ARI, ranges from 10 to 20 per cent in developing countries, reaching levels as high as 80 per cent in populations with a high prevalence of malnutrition and low birth-weight. Pneumonia is associated with high case fatality and mortality rates. It also claims the lives of young children quickly; rapid deterioration often occurs within three to five days, and the risk of death is greatest for infants under two months old. Of the estimated 15 million deaths occurring each year in children under five years of age, about 4 million (25-30 per cent) are due to ARI, with the vast majority caused by pneumonia.

56. WHO and UNICEF have identified ARI control as an area of priority concern. The two organizations are collaborating in the development of essential appropriate technology such as 30- and 60-second respiratory rate timers and oxygen concentrators for use at the community and referral levels. UNICEF has also increased efforts to strengthen its technical support and guidance related to ARI. A policy review on ARI was endorsed by the 1990 session of the UNICEF Executive Board (E/ICEF/1990/13, decision 1990/20), and a programme directive summarizing these recommendations was circulated to country offices (CF/PD/PRO/1990-002).

57. As a result of increased support from WHO, UNICEF and other external agencies, as well as of heightened awareness of ARI as a major child health problem, 32 countries had initiated national ARI control programmes by the end of 1989. Another 22 countries have issued technical guidelines and/or drafted plans of operation.

58. The three-country ARI project was originally developed in 1987 to demonstrate how UNICEF could most effectively support the development of national ARI control programmes. However, with over one half of all UNICEF

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country offices reporting major involvement in ARI control activities by 1989, the focus of the project was shifted to operational research to facilitate programme development. Emphasis is being placed on conducting ethnographic research on attitudes, beliefs and practices related to ARI; evaluating the performance of village health workers in the assessment and treatment of ARI; and improving health management information systems. It is expected that in 1991, at least one or two of these research projects will be completed in Bolivia, the Gambia and Thailand. The results of this research will be used to refine and improve programme strategies in these countries and elsewhere.

59. During 1990, UNICEF support to national ARI efforts focused on four major areas. In a number of countries, emphasis remains on the definition of national policies and programme directions. In some cases, national task forces and/or coordinating committees have been formed to make basic policy decisions. Second, UNICEF is providing considerable support to operational research with the goal of establishing baseline data on ARI-related morbidity and mortality and to assess the knowledge, attitudes and practices (KAP) of both health providers and mothers concerning the recognition and treatment of ARI. Third, there has been a strong effort to integrate ARI control efforts into ongoing PHC programmes. The most commonly used method of ensuring integration in the long term has been to pursue pilot projects in limited areas and expand gradually to other parts of the country. Finally, training in ARI case management is expanding rapidly and includes doctors, nurses and community health workers (CHWs). While not yet a major area of activity, improved home management of ARI (recognition of symptoms of pneumonia and related illnesses and knowledge to seek help, increase fluid and continue feeding) is receiving increased attention at both the global and the national levels, with an increased emphasis on communications activities. It is foreseen that the major constraint in the control of ARI is likely to be the management of the proper use of antibiotics for treatment at the community level.

Malaria

60. There are an estimated 100 million cases of malaria each year, with the disease being responsible for 1 million to 2 million deaths annually, many of them children. Some 40 per cent of the world's population inhabit malarious areas. In some sub-Saharan African countries, malaria is a major cause of childhood mortality. The sheer magnitude of the problem, the unsuccessful eradication efforts in the 1950s and the slow progress in identifying a suitable vaccine have diminished the enthusiasm of many to confront this major killer.

61. UNICEF is currently supporting operations research in the Gambia, Kenya, the Philippines, Sri Lanka, the United Republic of Tanzania and Viet Nam to determine the efficacy of using bed nets treated with chemicals on malaria mortality and morbidity, and initial results from the Gambia suggest that this has a very substantial impact. The bed nets were found to provide significant reduction, especially of infant mortality. In the meantime, current practice continues to be support for the administration of prophylaxis for pregnant

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women and symptomatic treatment of all infants and young children in endemic areas. Active collaboration with WHO in malaria control programmes at the country level has been established in Cambodia and Viet Nam, and this collaboration has been expanded to include UNDP in Mozambique.

62. At the headquarters level, UNICEF and WHO have recently established an intersecretariat technical working group to facilitate close monitoring of existing activities and the dissemination of information on effective control strategies as it becomes available. UNICEF will also work closely with WHO in the preparation of a global meeting on malaria to be organized at the ministerial level and now scheduled for 1992 in the Netherlands. It is anticipated that, over the next few years, several operational strategies will be developed and implemented on a broader basis within UNICEF programmes of cooperation.

Acquired immune deficiency syndrome

63. The direct and indirect consequences of HIV infection and AIDS on women and children continued to escalate in many countries of Africa, the Caribbean and Asia during 1990. This resulted from the rapid spread of HIV infection and more HIV-infected individuals progressing to severe symptoms of AIDS and AIDS-related death. During 1990, in its first HIV/AIDS projections relating to children, WHO estimated that there were 400,000 cases of AIDS among infants and children under five years of age since the pandemic began about a decade ago, with 90 per cent of them in sub-Saharan Africa. They also estimated that, by the year 2000, 10 million more infants will have been infected with HIV. In some African cities, HIV infection in the general adult population aged 15 to 49 years has risen to more than 25 per cent. While the most critical problem remains in Africa, the AIDS situation in the Caribbean continues to be serious, and the number of HIV infections is also increasing in South-East and South Asia.

64. Most children born HIV-infected die by the age of two years, and nearly all die by the age of five years. In Africa, AIDS-related under-five mortality rates (U5MR) will become significant and substantially impede efforts to reach the child mortality reduction goals for the year 2000. AIDS has now become a leading cause of death among women of child-bearing age in many countries and, in many African countries, AIDS may already claim more young women's lives than any other cause. A UNICEF study in Central and Eastern Africa estimates that there will be some 500,000 child deaths annually and between 3 million to 5 million AIDS orphans in that region by the year 2000. The increasing number of children orphaned by AIDS, and a declining African economy, are severely challenging the ability of traditional extended families to care effectively for these children. In Uganda, a model for growing UNICEF support in this area, UNICEF is helping to increase government capacity to measure and monitor these vulnerable children. To assist NGOs in meeting the needs of orphans, UNICEF supports a consortium of NGOs, offers training in the assessment of children's needs and provides funds for operational research to evaluate various models of orphan support. These models will be shared both within and outside Uganda.

65. Increasing numbers of children can be expected to have HIV-related symptoms that resemble common child health problems, but which, because of their HIV infection, do not respond to standard treatment. Without intensified efforts to strengthen the capacities of African health centres to respond to the increasing burden of AIDS-related illness, their ability to provide preventive MCH services to the population in general will be significantly reduced by this increased patient load.

66. In 1990, the UNICEF AIDS prevention programme continued to work closely with the WHO Global Programme on AIDS to develop global strategies and raise global awareness about women and children and AIDS and to assist country-level efforts. At the country level, the major focus of UNICEF efforts in this area continued to be on AIDS prevention education activities. UNICEF country offices have integrated AIDS prevention components into other ongoing projects at low or no additional cost. Examples include adding AIDS information to the curricula of health worker training, including AIDS in school health education programmes, accelerating and expanding efforts to ensure sterilization of immunization and other skin-piercing equipment and employing a range of other social mobilization channels for AIDS prevention, such as Facts for Life.

67. Building partnerships with NGOs has been a priority of all UNICEF-supported country-level activities. UNICEF has supported the inclusion of AIDS prevention education in primary and secondary school curricula by providing technical assistance for curriculum development, producing teaching materials and training teachers and administrative staff. In Rwanda, Uganda and other countries, UNICEF supports efforts to evaluate the effectiveness of school-based AIDS messages in raising the knowledge level and in fostering safe sexual behaviour. UNICEF-sponsored programmes in Haiti and other countries have also targeted street children. Efforts to reach the general public include the provision of training and materials for women's groups, political groups, religious groups and others; translating AIDS materials into local languages; training journalists and other media personnel; participating in World AIDS Day activities; and supporting international health education consultations.

68. UNICEF has made assistance available to Governments and NGOs that urgently need to develop strategies for addressing the impact of AIDS on women and children. In Zaire, where the cost of hospitalization and the scarcity of hospital beds make home-based care for AIDS patients essential, UNICEF works with the Society for Women and AIDS in Africa to train and equip volunteers to provide social support to AIDS-affected families and to educate family care-takers in the treatment of simple AIDS-related health problems. In Rwanda and other countries, UNICEF supports studies on the impact of AIDS on families and children and on the development of alternative models of support.

Women's health and safe motherhood/child-spacing and family planning

69. Although they are long-standing areas of UNICEF programming, women's health and safe motherhood came into sharper focus in 1990. The policy review paper on safe motherhood (E/ICEF/1990/L.13) was approved by the Executive Board at its April 1990 session (E/ICEF/1990/13, decision 1990/16). The World Summit for Children endorsed both the goal of reducing maternal mortality by one half between 1990 and the year 2000 and supporting goals calling for access by all couples to family planning information and services, access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies. More than 500,000 women continue to die each year as a result of pregnancy or childbirth, all but 6,000 of them in the developing world. The Summit, as well as continuing global advocacy activities, have succeeded in increasing awareness of this problem. UNICEF activities at the country level in 1990 have made significant progress in strengthening assistance along the continuum of activities beginning with special attention to the girl child, improving the status of young women, preventing too early marriages and pregnancies, expanding access to family planning information and improving prenatal and perinatal health services.

70. In the area of communications, Facts for Life activities expanded further the promotion of birth spacing and the need for access to prenatal care and trained birth attendants (TBAs). At the global level, a survey was undertaken to determine the major factors that contribute to high maternal mortality rates (MMRs). At the country level, surveys such as the one undertaken with UNICEF assistance in Burundi sought better to characterize patterns of prenatal visits, births and family planning. The training of health workers continued, as in Nigeria where UNICEF assisted in the training of over 600 village-based workers and over 500 TBAs in the management of high-risk pregnancies, proper nutrition during pregnancy and child-spacing after pregnancy. UNICEF also continued to provide essential MCH drugs, equipment and training materials used at health centres for prenatal care, labour and delivery and birth spacing actions as a part of the overall strengthening of PHC. Increased UNICEF-assisted surveillance and monitoring activities were provided, with a further emphasis on gender disaggregation of data.

71. At Governments' request, family planning education is now included in many UNICEF-supported health personnel training programmes. In several countries, assistance was also provided for national demographic and health surveys to obtain better information on fertility, family planning practices and MCH for policy makers and planners. UNICEF has provided modest support to WHO for operations research to develop more culturally acceptable family planning messages and methods. In the United Republic of Tanzania, UNICEF is working with the Ministry of Health, the United Nations Population Fund (UNFPA), WHO and Family Care International on a safe motherhood strategy aimed at improving family planning and maternity services and raising the status of women.

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72. UNICEF, together with the World Bank, WHO, UNDP and UNFPA, cosponsored a meeting on safe motherhood for South Asia at Lahore, Pakistan, in March 1990, and one for southern African countries at Harare in October 1990. UNICEF, along with other collaborators, also participated in a meeting on the safe motherhood initiative at WHO headquarters at Geneva. In response to decision 1990/36 adopted by the Executive Board at its special session on 6 and 7 September 1990 (E/ICEF/1990/17), UNICEF has undertaken a joint study with UNFPA to examine the mode of operations of the two organizations in the field of child-spacing and family planning and possible areas of collaboration between the two organizations, each within its mandate. This decision was adopted based on Executive Board decision 1990/7 on family planning (E/ICEF/1990/13) and taking into account decision 90/35 of the UNDP Governing Council. Expanded cooperation with sister agencies is also being sought at the country level. Substantially increased activity in this area can be expected in the next several years, with further special emphasis on the continuum of women's health and social services required, beginning with the girl child and on through motherhood.

Essential drugs

73. In order to reach the health goals by or before the year 2000, affordable preventive and curative services will have to be in place. There will also have to be improved environmental conditions and changes in behavioural attitudes. Education, social mobilization and enhanced local capacities will enable people better to analyse problems and find solutions to improve their health situation.

74. As a strategic element of the overall health system at every level, the availability of essential drugs adds to the credibility and acceptance of the system by creating a public that is more willing to participate in preventive work and in financing the system. UNICEF support for essential drugs continued in 1990, with the value of drugs and vaccines supplied in 1989 amounting to $90 million. In addition to the provision of drugs and vaccines, UNICEF, in collaboration with WHO, supported the development of national drug policies, improvement of drug management systems, public health education and training in drug management and in prescribing and dispensing practices.

75. In close collaboration with WHO, UNICEF also supported countries in addressing issues of selection, procurement and the rational use of drugs. Although the major focus remained Africa, support was also provided to Cambodia, Nepal, Peru and Viet Nam, among others, in placing more emphasis on the essential drugs component of their health activities. The financial and technical support provided to the African Drug Utilization Research Group and the creation of an informal network of institutions from industrialized and developing countries have played an important role in advancing the operations research agenda on the rational use of drugs. In 1991, UNICEF and WHO plan to conduct an assessment of the quality of the drugs available at peripheral health units in selected countries.

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Nutrition and household food security

Nutrition

76. Based on past UNICEF experience and involvement in nutrition, recent experience of the UNICEF/WHO Joint Nutrition Support Programme (JNSP), the inter-agency food and nutrition surveillance (IFNS) programme and a detailed review of numerous other community-based nutrition programmes, a new nutrition strategy was approved by the Executive Board at its 1990 session (E/ICEF/1990/13, decision 1990/19). The new strategy stresses the role of the poor as key actors in poverty reduction rather than as passive beneficiaries of services. Rather than advocating a predetermined package of technical interventions, the new strategy outlines an approach to support different levels of society (from community to national levels) by increasing their capacity to assess and analyse the nutrition situation and to design affordable and sustainable actions to reduce malnutrition (the "triple A approach"). The strategy identifies three essential conditions to ensure good nutrition: (a) adequate household food security; (b) adequate health services and a healthy environment; and (c) adequate MCH care. Improved nutrition is one of the major goals for the 1990s endorsed by the World Summit for Children, and one of the main concerns in the Convention on the Rights of the Child. Thus, the new nutrition strategy provides a framework for linking many of the supporting goals in health care and education to this major nutrition goal.

77. A comprehensive training package has been developed in order to prepare UNICEF field office staff to promote and implement the new nutrition strategy. About 70 staff from 25 countries were trained in 1990 and an additional 80 staff, including 20 UNICEF country representatives, will be trained in 1991. Similar training will be extended to government and NGO staff in the near future. Many countries, including Malawi, Mali, Mozambique, Namibia, Peru and the United Republic of Tanzania, have already incorporated the principles of the new strategy in the preparation of new country programmes.

78. Preparations for the International Conference on Nutrition to be held in December 1992 began during 1990. The conference will be sponsored by the Food and Agriculture Organization of the United Nations (FAO) and WHO, with the involvement of the Subcommittee on Nutrition of the Administrative Committee on Coordination. UNICEF has been involved in all important preparatory work. In addition, UNICEF is collaborating with WHO, FAO and the Organization of African Unity (OAU) in the preparation of and mobilization for the International Decade for Food and Nutrition in Africa, with other groups and agencies in food security working groups, and with the United States Agency for International Development (USAID), Project Africa of the Carter Center, the World Hunger Programme and the International Food Policy Research Institute.

79. The global component of JNSP ended in December 1989. However, country-level programmes continue in seven countries. Several programmes, in

particular Ethiopia, Mali, the Niger and Peru, have been reoriented as a result of mid-term reviews, and they now place greater emphasis on community participation and the triple A approach. In the United Republic of Tanzania, this approach has been strengthened and expanded from Iringa to six additional regions. JNSP was also initiated in Zanzibar based on the same approach.

Growth monitoring and promotion

80. Monitoring the growth of children helps to make malnutrition more visible. Therefore, growth monitoring and promotion is a priority for UNICEF support to improve nutrition. Experience from many countries suggests that, too often, the vital aspect of growth promotion has been neglected. The necessary counselling of mothers to improve the growth of their children is not yet fully evident. To be successful, growth monitoring and promotion programmes also need to be implemented in close coordination with other nutrition-oriented activities. An evaluation of specific growth monitoring and promotion programmes is currently being carried out in China, Ecuador, Indonesia, Malawi, Mali, Zaire and Zambia.

Micronutrient deficiencies

81. In the past year clearer evidence was found about the influence of vitamin A status on infant and child mortality. The recognition of iodine deficiency as the most important cause of preventable mental disability also received added significance in the light of the Jomtien Conference on Education for All. It is feasible to virtually eliminate vitamin A and iodine deficiencies by the end of the 1990s and to reduce significantly the incidence of iron deficiency anaemia. Both of these goals were endorsed by the World Summit for Children. The announcement by the Government of Canada, shortly after the World Summit for Children, of a new initiative to combat iodine and vitamin A deficiencies was a welcome stimulus, as was the decision of the United States to expand its vitamin A programme. The infrastructure established by the greatly expanded coverage of immunization programmes provides a new opportunity to reach young children with iodine and vitamin A supplements and women with iodine and iron/folate supplements. Long-term measures aimed at self-sustaining solutions through fortification and dietary improvement will also be accelerated.

82. UNICEF has supported and cooperated with inter-agency groups to develop guidelines for iron and vitamin A supplementation and for the control of iodine deficiency disorders (IDD). In addition, continued support has been provided to the International Council for the Control of Iodine Deficiency Disorders (ICCIDD), and an International Programme for the Control of Iodine Disorders has been established in Atlanta, Georgia (United States). The programme will support training and provide technical expertise to assist countries in the effective management of IDD control programmes. At the country level, UNICEF has assisted in an assessment of the prevalence of micronutrient deficiencies, in awareness creation and in programme planning and support. Short-term interventions included the provision of high-dose vitamin A capsules, iron tablets and iodized oil in both capsule and injectable form, while establishing salt iodination for the longer term.

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Household food security

83. This programme area has received continued attention at global and country levels. It is clear, particularly in many parts of Africa, that inadequate food availability at the household level is a major underlying cause of malnutrition. Many countries are implementing food security and related projects to address this problem, and direct support for food production at the household level has continued in a number of countries. These efforts are often closely tied to support for women's groups and improved access to credit, tools and other productive resources. In Namibia and several other countries in southern Africa, UNICEF has provided key technical support for the analysis of the food security situation at household level. Collaboration in this area has continued with the World Bank, Harvard and Cornell Universities (United States), USAID and the Food Studies Group of Oxford University (United Kingdom).

84. More attention is being given to certain aspects of young child feeding such as frequency, energy and nutrient density of the diet, stimulation and household utilization of existing resources and health services. JNSP financed research on "positive deviance in nutrition", in Indonesia, Nicaragua and Nigeria that was coordinated by Tufts University (United States). It clearly identified child care as the key factor in explaining why children in some poor households are better nourished than expected for their income level.

The promotion of breast-feeding

85. An important component of the nutrition strategy, breast-feeding is critical for the attainment of many CSD goals, including child nutrition, CDD, birth spacing and adequate maternal health and well-being. The adoption of the Innocenti Declaration on the protection, promotion and support of breast-feeding by high-level policy makers from 32 developed and developing countries and 10 United Nations and bilateral agencies substantially strengthened efforts in this area. This declaration was developed during a WHO/UNICEF meeting on "Breast-feeding in the 1990s: a global priority" that was cosponsored by USAID and the Swedish International Development Authority (SIDA). The meeting was preceded by a WHO/UNICEF technical meeting that reviewed the current status of breast-feeding, the latest scientific studies on the benefits of breast-feeding and experiences of breast-feeding promotion. The review led to the recognition that suboptimal breast-feeding practices currently result in 3,000 to 4,000 infant deaths per day, or approximately 1 million deaths per year.

86. The "Ten steps to successful breast-feeding", a one-page summary of the joint WHO/UNICEF statement on breast-feeding, is now available in 12 languages and has been distributed widely. The Innocenti meeting proposed that these "10 steps" should be practised at all maternity facilities by 1995. A UNICEF video entitled "Breast-feeding: a global priority" has been developed. It documents programmes that have been successful in instituting exclusive breast-feeding and can be used as part of a strategy to protect women, parents and the public from misinformation regarding child feeding. Other

communications materials have been made available to UNICEF offices for use at the country level. A module on breast-feeding promotion has been included in the UNICEF training manual for CDD, as well as in the nutrition training package. NGOs have continued to receive UNICEF support and are involved in programme development and implementation in many countries.

Nutrition surveillance

87. Nutrition surveillance on a regular nation-wide basis is a necessary instrument for monitoring the achievement of the goals for children endorsed by the World Summit for Children. Nutritional data can be collected at relatively low cost as part of the health system or as a component of ongoing household surveys and by local authorities and communities. Within the framework of country programming activities, and in collaboration with FAO and WHO under the umbrella of the IFNS programme, UNICEF substantially increased its activities in the area of food and nutrition surveillance at country, regional and international levels.

88. At the country level, projects are operational in 11 countries. Activities included designing national nutrition surveillance systems; identifying vulnerable areas and groups; and building institutional capacity for using data at national and provincial levels to implement preventive, corrective and development measures. Regional activities in 1990 included a workshop in Mozambique on food and nutrition surveillance for Portuguese-speaking Africa. Similar workshops were organized in Zaire for Eastern and Central Africa, and in Chile for the Americas, in close cooperation with the Pan American Health Organization (PAHO). A national food and nutrition surveillance workshop was held in Egypt with technical and financial assistance from FAO. UNICEF also continued to strengthen cooperation with the regional offices of WHO and FAO.

89. At the international level, activities included the publication and distribution of "A global, regional and country assessment of child malnutrition", an analysis based on nationally representative data from 76 developing countries that account for 83 per cent of the under-five population of the developing world, excluding China. UNICEF is also involved in the development of a training package on assessing nutritional status through household surveys, in collaboration with the British Broadcasting Corporation (BBC), the Open University and Oxford University. Other activities at the international level included collaboration with international household survey programmes to promote the collection of data on nutrition indicators, methodological work on developing guidelines for conducting a height census at schools, support for the maintenance of the WHO anthropometry data bank and dissemination of technical literature on methods for data collection and analysis for food and nutrition surveillance.

Childhood disability prevention and rehabilitation

90. Some 3 million children under five years of age become seriously disabled each year from diseases that are preventable by immunization. About 500,000

children under five years of age lose their sight every year because of vitamin A deficiency. Some 3 million people - mostly children - suffer from cretinism, a debilitating disease that causes both mental and physical retardation and can be prevented with iodine supplementation. In Africa and in parts of India and Pakistan, children are also temporarily or permanently disabled by dracunculiasis (guinea-worm disease) and, world wide, the growing plague of substance abuse disables growing numbers of children and their families. Children are victims of armed conflicts, and for every child killed in the wars of the past decade, three more have been wounded or permanently physically disabled. Approximately 10 million children have been psychologically traumatized (see also paras. 136-139 below).

91. During 1990, childhood disability retained its important place among UNICEF programme concerns which continue to focus on prevention, early detection and community-based rehabilitation. Public sensitization, advocacy, social mobilization, support to NGOs, capacity-building and training and information system development were stressed. UNICEF actively participated in the inter-agency meetings related to the United Nations Decade of Disabled Persons (1983-1992) and in the establishment of a Task Force on Disabled Women and Children as an implementing mechanism for the year 2000.

92. In a number of UNICEF-assisted countries, there has been increased emphasis on research and documentation on the situation of disabled children and on the needs of at-risk children and families. Ongoing programmes emphasizing community-based rehabilitation were reported by several countries. The development of a community-based rehabilitation programme in Guatemala, in collaboration with UNDP and the International Labour Organisation (ILO), has strengthened linkages between the health, education, social welfare and community sectors, and has laid the foundation for the establishment of the recently approved subregional education for development programme (E/ICEF/1990/P/L.30). For the first time, many country programmes are focusing on long-term policies for the development and protection of disabled children in the 1990s. In Myanmar, the rehabilitation of physically handicapped children will be stressed.

93. As in previous years, early detection, special education, training and advocacy activities have been reported in almost all UNICEF-assisted country reports, including plans for several pilot activities. In El Salvador, Guatemala and Nicaragua, UNICEF supported the development of associations of parents with disabled children. The associations are active in advocacy, social mobilization and organizational actions at the national level. Technical assistance and training were organized in a number of countries, including Costa Rica and Panama. Among the new initiatives undertaken during 1990 was the involvement of UNICEF in assisting disabled children institutionalized in Romania (see paras. 29-33 above).

Dracunculiasis (guinea-worm disease)

94. During the past year, significant progress was made towards the goal of eliminating dracunculiasis in the 1990s. There are approximately 3 million cases of this painful, crippling disease annually, the vast majority in six

African countries - Benin, Burkina Faso, Ghana, Mali, Nigeria and Togo. Endemic areas exist in 11 other sub-Saharan countries. Isolated areas remain in India and Pakistan, where vigorous programming is expected successfully to eradicate the disease in the next few years. UNICEF has actively supported dracunculiasis control efforts in several country programmes for nearly a decade. Following Executive Board approval of an interregional programme at its 1989 session (decision 1989/7, E/ICEF/1989/12), activities at global, regional and national levels have been significantly accelerated.

95. National surveys are now complete or under way in countries that account for an estimated 85 per cent of cases of the disease, with financial and technical support from UNICEF, the WHO Collaborating Center at the United States Centers for Disease Control, WHO (Geneva), UNDP and Global 2000 of the Carter Presidential Center in Atlanta, Georgia. Other active agency collaborators include the Japanese International Cooperation Agency, USAID, the United States Peace Corps and several other bilateral cooperation agencies and NGOs. During the past year, UNICEF, along with WHO, supported a consultation at WHO headquarters on establishing the criteria for certification of elimination, and also the Third Regional Conference on Dracunculiasis in Africa, held in March 1990 at Yamoussoukro, Côte d'Ivoire. The latter meeting brought together ministry officials and UNICEF programme officers from 18 endemic countries, as well as representatives of collaborating technical and sponsoring agencies and OAU.

96. A number of UNICEF country programmes support vigorous health education, community-based surveillance, vector control, water supply and wound treatment activities. In India, an integrated programme, serving nearly one half of the country's endemic areas, has reduced the number of cases in the programme area by nearly 50 per cent in 1990. A simple surgical extraction technique developed by traditional medical practitioners has been demonstrated to reduce disability substantially and clinical training films of the procedure have been prepared by the UNICEF programme. Programmes in Benin, Cameroon and Nigeria have also had major impact.

97. With the acceleration of control and eradication programmes, knowledge gaps have become more evident, particularly in operational areas. To develop and evaluate new approaches to overcome these problems, UNICEF has supported the establishment of a Dracunculiasis Operations Research Network. WHO and UNICEF are working together to expand technical collaboration and networking activities. Major areas of attention in the coming year will be the development of alternative approaches to low-cost, community-based disease surveillance, vector control, case containment and the mapping of remote villages. UNICEF is currently supporting the application of new technologies, such as geographic information systems, which offer great promise. The results of these efforts should be of much broader public health interest and impact than their initial focus of dracunculiasis eradication and control. An interregional programme to provide technical and other support to dracunculiasis eradication programmes is being submitted to the Executive Board for approval (E/ICEF/1991/P/L.34).

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98. The community-based surveillance system established for dracunculiasis will be useful in later years when intense work begins for the eradication of poliomyelitis and the elimination/control of other diseases.

Substance abuse prevention

99. Substance abuse continues to be a major threat to children and societies in both the industrial and developing world. The abuse of alcohol and tobacco, the inhalation of harmful solvent vapours and the use of illicit drugs such as cannabis (marijuana), opiates, amphetamines and cocaine, including crack, all represent a persistent and increasing threat to children, and especially youth. This threat is not limited to the direct use of these substances, as children and youth are particularly vulnerable to substance abuse by other members of the family and the community. Tobacco smoking and other substance abuse, including even moderate alcohol use, during pregnancy is a major contributor to low birth-weight and/or impaired neurological development. In some urban areas in the United States, for example, as many as one in every five infants born has been exposed to cocaine *in utero*. Substance abusing parents are less financially able to provide for their family and more likely to squander scarce resources to sustain their substance abuse. Children in those families are more often neglected and abused, and are more likely to become substance abusers themselves than are other children. The communities in which they live are more likely to be burdened with increased crime and less likely to invest in supportive services for families, children and youth. In many countries children are also being used as pushers and carriers of illicit drugs.

100. During 1990, UNICEF made efforts to increase activities in the area of substance abuse prevention. Activities are being increased in projects for children in especially difficult circumstances, which has become a modest focus of operations research and survey activity at the Innocenti Centre in Florence. Technical consultations with research and NGO communities and a survey with UNICEF field offices to assess programme support requirements have been undertaken. The secretariats of UNICEF and WHO have been working together to coordinate efforts in this area. Several activities have been proposed within the framework of promoting healthy lifestyles for youth. These include developing public education programmes, strengthening existing programmes with technical assistance and strengthening both global and country-level systems required to monitor patterns of substance abuse and the effectiveness of interventions.

The Bamako Initiative: reaching health goals through strengthened services delivery

101. The health goals of the 1990s go well beyond those of the past decade. Supporting countries in achieving those goals entails moving beyond the selected interventions discussed above, especially in the context of countries in Africa with extremely scarce resources. A national capacity-building effort is required, aimed at establishing universally accessible health services that are sustainable through greater community participation and

control. The revival, strengthening and extension of the PHC system is the main objective of the Bamako Initiative. Emphasizing MCH services, the Initiative embodies an integrated approach to PHC within which all individual health interventions, such as EPI, CDD, prenatal care and the control of ARI and AIDS, are planned and delivered in accordance with the health needs of the population. Progress in these areas is detailed in the Bamako Initiative progress report (E/ICEF/1991/L.6).

102. A consensus is forming among many international development agencies on the need for district-based PHC systems with community involvement and contributory financing. This has emerged from the efforts of both UNICEF and WHO, based on earlier community health work carried out largely by NGOs. These systems can be more likely sustained in the existing African economic, political and social situation. Assisting communities increase their capacity to manage modern, effective health care systems represents a potential major breakthrough in confidence-building for local self-government. The Bamako Initiative is the most likely system through which the gains made in UCI and other CSD efforts can be sustained.

103. The June 1990 Pan-African Conference on the Financing of Community Health Activities, organized by the WHO/Regional Office for Africa, in collaboration with UNICEF, reinforced the conviction of African countries that the Bamako Initiative is an important strategy for achieving PHC and eventually Health for All. The Kinshasa Declaration, adopted by the more than 150 African health experts at the Conference, urged greater national and international mobilization for this effort. UNICEF has mobilized approximately $20 million, principally from general resources, to support country action in preparation and initial implementation. Progress has been significant in 12 African countries, with a variety of approaches and different levels of implementation. This core group will increase to 18 during 1991, with an additional 9 well advanced in preparatory action. In some countries, the financial bases for health services delivery has been strengthened with community comanagement of services, and the utilization of health services has continued to rise.

104. Operations research is a fundamental aspect of the Initiative in many countries, providing a clearer picture of health costs and behaviour, and highlighting such problems as the high incidence of self-medication in Sierra Leone. An increasing link with the national capacity-building programme, coordinated by ICDC, has allowed for a broader and more sustained approach to operations research. Monitoring systems are also being introduced in each country, enabling progress on such aspects as utilization, access and financing.

105. Of all issues facing the strengthening of PHC systems in Africa, the revival of national commitment to action in the face of prolonged economic crisis is perhaps the most difficult. Even where a strong will exists, resources are desperately scarce, resulting in under or poorly paid health staff who have consequently lost motivation for their work. Continued emphasis will be placed on human resources development and broader health

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education efforts aimed at improving people's knowledge and attitudes about health. The Bamako Initiative is the most promising system to emerge in years that is likely to provide the necessary health care in Africa in a most efficient and cost-effective way at an affordable price that could be greatly accelerated with strong donor support (see also E/ICEF/1991/P/L.30). An evaluation coordinated with the Governments of the United Kingdom, and with the possible participation of the Governments of Denmark, the Netherlands, Norway and Sweden, has been initiated, and preliminary results are expected in 1991.

G. Supporting actions and other basic services

Water supply and sanitation

106. In December 1990, the International Drinking Water Supply and Sanitation Decade ended, having developed awareness and workable models for programming water supply and sanitation inputs, but with an estimated one third of the world's population without access to a safe water supply and nearly one half without access to sanitary means of excreta disposal. To achieve universal access to these facilities by the year 2000, implementation rates for urban and rural water supply programming for the 1980s would have to increase substantially. Programming for urban and rural sanitation would need to increase three and four times, respectively, using existing technologies and approaches.

107. The challenge for the coming decade is to develop new approaches to reach the unserved population within the limitations of available financial resources. The hope rests with the continued lowering of per capita costs of existing technologies, developing improved technologies, allocating a larger share of existing financial resources to new and existing low-cost technologies and increasing the resource base through more effective cost-sharing with communities. Additional opportunities lie in applying the lessons learned from the 1980s in the next decade - community involvement must be improved, health education must match technological intervention and women, who are the managers of water throughout the developing world, must be closely involved in programming.

108. Several developing countries are reorienting their existing programmes better to emphasize sanitation. External support agencies are all supporting this thrust, as well as linkages with other health concerns, including CDD, nutrition, dracunculiasis and trachoma. Increasingly, communities are functioning as partners in the development process by providing human and financial resources, especially for the operation and maintenance of systems and facilities. As a result, several countries report higher rates of functioning water systems, typically hand-pump-equipped wells/boreholes. UNICEF water supply and sanitation programmes have also been giving increased attention to urban slums and peri-urban areas, particularly in the sanitation field.

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109. In part as a consequence of advocacy activities, several government counterpart institutions have adopted policy changes that will result in a greater proportional allocation of financial resources to low-cost technologies. Several countries are pursuing technological developments and new programming approaches. Although some countries have shared their experiences and know-how with other countries, there is a need for significantly more initiatives to encourage and facilitate this exchange of information. Uganda held a workshop with 11 African countries to share its experience in community-based maintenance. Bangladesh used a similar mechanism to share its experience with other Asian countries concerning the linkage of water supply and sanitation with CDD. There is also increasing enthusiasm for collaborative efforts among external support agencies.

110. At the headquarters level, UNICEF has intensified its interaction with WHO, UNDP and the World Bank, as well as with the United Nations Development Fund for Women (UNIFEM), the United Nations Department of Technical Cooperation for Development and the United Nations Capital Development Fund. Monitoring provides an important framework and opportunity for increased cooperation among the United Nations, NGOs and bilateral agencies, and between them and Governments. Ongoing collaboration between UNICEF and the International Reference Centre for Water and Sanitation at The Hague resulted in the joint development in 1990 of a report on rainwater harvesting in Africa. UNICEF assisted in the organization of the September 1990 New Delhi Global Consultation on Safe Water and Sanitation for the 1990s, and was a key participant in the proceedings, along with representatives of cooperating international agencies and government representatives. The consultation produced the New Delhi Statement that reinforced commitment to the goals for universal access to safe water and sanitation for all families.

Basic education

111. The World Conference on Education for All redefined the parameters of an important area of basic human needs on the one hand and set a vision and a goal for the future on the other. It also provided an opportunity for participating countries critically to review their education system and priorities and to redefine their education goals and strategies in light of the World Conference Declaration and Framework for Action. During 1990, UNICEF played an important role in assisting many countries in this endeavour, particularly in the area of advocacy for universal primary education, girls' and women's education and early childhood development. The universalization of basic education is likely to be the principal challenge for the 1990s, and the role of non-formal education in this effort in many countries was emphasized. The availability of the "third channel" - the use of traditional and modern means of communication, especially for public education - needs to be studied further and developed. UNICEF support for early childhood development has continued in many countries, with attention being paid to developing low-cost, community- and home-based early childhood stimulation and development activities. In many countries, especially in sub-Saharan Africa and South Asia, UNICEF support for primary education has focused on curriculum reform, teacher training and the production and provision of educational materials.

112. Complementing the formal primary school system is the non-formal channel which reaches about 40 per cent of school-going children who either have no access to formal schools or who drop out before completing the primary cycle. In several countries, UNICEF has been addressing this issue, as well as the education needs of girls, working children, street children and other disadvantaged children who had been bypassed by the formal system.

113. An outstanding successful example that has received UNICEF support are the Bangladesh Rural Advancement Committee schools that cater to those who were unable to pursue their education in formal schools. The schools operate in villages and have shorter school hours (thus enabling parents to release their children, especially daughters who have household chores to perform), as well as flexible hours to accommodate the needs of the community, which manages the schools. Although the teachers have less educational qualifications, the performance of the students in these schools is higher in both passing final government examinations and having a 98 per cent retention rate because the teachers are well trained, regularly supervised and supported.

114. The education of the girl child has been a major focus of attention in countries of the South Asian Association for Regional Cooperation (SAARC) and in the Middle East and North Africa region. A number of initiatives have focused on the need to increase the enrolment and retention of girls in primary formal and non-formal schools. Social mobilization and communication efforts were supported, with a strong focus on girls' education, while activities in other sectors have increasingly emphasized girls' and women's education as the cutting edge for women's development. The year has witnessed new or renewed resolve of some Governments to promote girls' education. For example, the Government of Bangladesh made girls' education free up to grade eight and declared that 100 per cent of all new recruits of primary school teachers would be female. The Bihar (India) education project, whose preparatory work dominated UNICEF cooperation for education in the country in 1990, is essentially a comprehensive response to the education needs of girls and women. The Amman Declaration of November 1989 emphasized the importance of girls' education, and the the Prime Minister of Djibouti committed his Government to reaching 80 per cent literacy for females under 25 years old by 1995.

115. UNICEF has continued to support adult literacy programmes in many countries, focusing on the qualitative improvement in teaching/learning materials, training, social mobilization and neo-literate reading materials. Literacy programmes for women have been linked to skills training and income-generating opportunities in several countries. China has combined functional literacy classes with vocational training programmes for young girls; Sri Lanka has combined vocational, marketing and credit management training with literacy activities; and Pakistan and many others have included literacy and functional education as essential components of development programmes for women.

116. Lessons on health, nutrition, environment and sanitation have been incorporated in the school health education programmes in many countries. CSD

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messages have been disseminated through Islamic education institutions in several countries. UNICEF has continued to support innovative ways to promote education, such as escuelas nuevas (new schools) in Colombia; Bangladesh Rural Advancement Committee schools for older children in Bangladesh; mobile schools with multi-grade teachers in the Philippines; health and environmental education to schoolchildren in Egypt during the summer months; distance education programmes via television or radio for teachers and students in China, India and Maldives; and education for peace and conflict resolution in Lebanon, Mozambique and Sri Lanka.

117. Inter-agency collaboration in education has been strengthened at the policy level following the Education for All Conference. Major areas of support identified by UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and UNICEF, the four sponsors of the World Conference, included increasing financial assistance for education; assisting countries in reviewing and formulating national strategies and in defining minimum levels of learning; developing monitoring and assessment systems linked to education-for-all goals; promoting alternative and innovative approaches to learning; and reducing gender, geographic and socio-economic disparities in educational opportunities. Through the mechanism of the UNESCO/UNICEF Joint Committee on Education, efforts are being made better to coordinate the activities of the two organizations in the implementation of the World Conference recommendations (see also E/ICEF/1991/L.13 and E/ICEF/1991/L.14).

118. At the UNICEF headquarters level, activities focused on more clearly defining UNICEF roles and strategies for advancing the goals and on strengthening institutional capacity to support this enhanced responsibility. An important effort has been made to develop, test and finalize a basic education training package for UNICEF representatives, senior staff and country programme officers.

Urban concerns

119. By the end of the decade, one half of the world's absolute poor will live in cities, and the degree of deprivation among children of the urban poor is often greater than in any other group. Today, one in three persons in the developing world lives in an urban environment. Moreover, the urban population is growing three times as fast as the rural population. It is estimated that, in different country situations, slums and shanties already house between 30 and 75 per cent of the developing world's urban population.

120. In a number of countries, including Angola, Djibouti, Mozambique, Somalia and the Sudan, urban areas have grown dramatically owing to an influx of displaced families escaping conflict or natural disaster. In other countries, economic decline, combined with structural adjustment measures, increase the extent and severity of urban poverty, the numbers of street children and the incidence of child labour. The lack of employment in rural areas continues to be a principal cause of urban migration, and cities are usually ill-equipped to assist new arrivals with employment or basic services.

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121. Monitoring the status of children of the urban poor, who often have little or no contact with the formal sector, has proved to be a difficult challenge. The aggregation of urban data has resulted in the masking of the true state of affairs in urban slums and shanties. In 1991, UNICEF, in cooperation with the United Nations Statistical Office, is supporting the National Household Survey Capability Programme (NHSCP), a trial effort to disaggregate global indicators between slums, shanties and other urban areas. Similar efforts are being made at the regional level, with survey programmes such as the Papchild in Arab countries. UNICEF country offices are increasingly advocating that Governments make this distinction and assisting them in doing so.

122. Most Latin American and many Asian country programmes have sought to address the severity of urban problems with urban basic services projects, projects for children in especially difficult circumstances, or both. The Indian urban basic services programme has been adopted by the national Government and local authorities. Bangladesh, Indonesia, Pakistan, the Philippines, Sri Lanka and Thailand have also established urban basic services programmes. In Africa, an estimated 50 per cent of the urban population in Ethiopia is covered by such a programme, which has also contributed to the achievement of UCI in the capital. Côte d'Ivoire, Kenya and Turkey have established new urban programmes, while Egypt has established a working children's project. Advocacy and studies related to the effects of structural adjustment issues on the urban poor have been undertaken, as well as urban studies on malnutrition, immunization coverage and the rising number of street children. With growing urbanization, UNICEF attention to the urban sector can be expected to increase significantly in the coming decade.

Women in development

123. UNICEF-assisted programmes in all regions continued to respond to girls and women's concerns both in specific activities and as a part of sectoral programming (see E/ICEF/1991/L.5 for more details). Expenditure for women-related programmes in 1990 has increased to 31 per cent compared to 29 per cent in 1989. Several countries improved their situation analyses to show more clearly the conditions and constraints facing women. The negative trends in female poverty continued in Africa, Asia and Latin America as a result of economic crisis, structural adjustment, drought and war. Several UNICEF offices reported growing concerns about the health and income status of adolescent girls, as well as the proportion of single women heading households, which has reached over 40 per cent in some countries. Some country offices have undertaken training in gender-sensitive programming for their staff and national counterparts, and an organization-wide training programme for the same purpose has recently been initiated.

124. UNICEF strengthened its advocacy in several countries to promote the formulation of national policies providing increased attention to girls and women. A successful example was seen in Bangladesh where, with the technical support of UNICEF and several collaborating United Nations and bilateral agencies, the Government included women in development in its fourth five-year

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plan (1991-1995) and incorporated objectives, targets and budgetary allocations in all sectoral plans to meet the needs of girls and women.

125. Within UNICEF sectoral programmes, women continued to play a key role as community mobilizers and health agents for immunization and other CSD interventions. Women's groups in Peru, for instance, have become invaluable in data collection, monitoring and the evaluation of children's health and nutrition programmes. During 1990, the safe motherhood initiative began to give new impetus to responses to women's health.

126. In the United Republic of Tanzania, UNICEF, in cooperation with the Government, UNFPA, WHO and Family Care International, developed a national strategy and action plan to raise the status of women and improve family planning, family life education and maternal health services, including emergency care and referrals. The high incidence of AIDS and HIV in Africa, and the serious threat they pose in Asia and the Americas, have led to increased information and health education activities targeted to women. Nutrition programmes in several countries also emphasized the needs of women and their critical role in intervention strategies. The relationship between women's involvement in the management, maintenance and proper utilization of water supply and sanitation services, and the success of those services, have been demonstrated in several country programmes. Continued advocacy will be required in other countries to strengthen women's and community participation in this sector. Particular emphasis is required on women's high expenditure of energy and time in water collection.

127. UNICEF continued to support credit and technical training in women's income-generating and economic activities in many countries. The women's projects in Brazil, funded through the Special Adjustment Facility for Latin America and the Caribbean, assisted small businesses with credit and demonstrated that 80 per cent of the women participating improved their income and quality of life. Other projects targeted special groups of women, such as rural women in Egypt, Nepal and Rwanda, women heads of household in the Caribbean and indigenous Indian women in Colombia. Mobilization and advocacy for the World Conference on Education for All presented many countries with the opportunity to focus greater attention on the problems of girls and women's education.

128. During 1990, many countries responded to the priority placed on the girl child by the Executive Board (see E/ICEF/1990/13, decision 1990/17). Gender-dissaggregated data on health, nutrition, education and the age of marriage were collected in several countries. Bangladesh undertook a full situation analysis on the girl child which showed, for example, that wasting was twice as high among girls 12 to 23 months old as among boys and that 25 per cent more girls than boys were stunted in that age-group. Several countries in Asia, Africa, Central America and the Caribbean identified early marriage, teenage pregnancy and motherhood as major constraints to the social and economic advancement of girls and used those data for advocacy and programme planning.

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129. Workshops, seminars, exhibitions and films were used in Bangladesh, Egypt, India, Maldives and Tunisia to increase awareness and mobilize support for the needs of the girl child. Tunisia established an Annual Day of the Girl Child. The SAARC Summit meeting in the Maldives reviewed activities of the "SAARC Year of the Girl Child" and declared 1991-2000 as the "SAARC Decade of the Girl Child" in order to maintain the priority focus. The SAARC Summit noted that the World Summit for Children had given new impetus to ongoing efforts and proposed to incorporate relevant recommendations of the World Summit Declaration and Plan of Action on girls and women into a SAARC plan of action. In Indonesia, Myanmar, the Philippines and Thailand, the Convention on the Rights of the Child provided an opportunity to review national laws in ways that would safeguard the status and equality of opportunities for girl children. A booklet entitled "The girl child: an investment in the future", was published prior to the World Summit for Children as a part of the global advocacy effort.

Emergency operations

130. In 1990, UNICEF provided emergency assistance to 29 countries in Africa, Asia, the Americas and the Middle East and North Africa in response to natural disasters, epidemics and man-made crises. The principal funding source for emergency assistance, particularly for large-scale emergencies, was special contributions provided in response to needs outlined in UNICEF components of major emergency appeals issued under the aegis of the United Nations Secretary-General. These were aimed at humanitarian assistance for the victims of drought, famine and civil conflict in Angola, Mozambique, the Sudan and Liberia and the affected neighbouring countries of Côte d'Ivoire, Guinea and Sierra Leone. As a consequence of the situation between Iraq and Kuwait, emergency assistance was provided to the Islamic Republic of Iran, Jordan and the Syrian Arab Republic. Appeals were issued to support relief and rehabilitation interventions in the earthquake-affected countries of the Islamic Republic of Iran and the Philippines. An overall total of $26.8 million was received from donor contributions against the 1990 UNICEF appeals totalling $99.7 million.

131. UNICEF supported emergency activities in 16 countries in Africa, Asia and the Middle East and North Africa through releases from the Executive Director's Emergency Reserve Fund. These totalled over $6.2 million, of which $2.2 million was subsequently replenished by special contributions from donors. With the agreement of Governments, UNICEF also diverted or reprogrammed cash and/or supplies from regular programme commitments in 15 countries in Africa and Asia in the amount of $1.2 million. In addition, specific-purpose contributions were received for emergency relief and rehabilitation programmes in 14 countries totalling $30.7 million. In all, a total of $35.9 million was mobilized in 1990 to provide emergency assistance to 29 affected countries.

132. When compared with the UNICEF response to emergency requirements over the last five years, the figures reflect an increase in the number and complexity of emergency situations affecting ever-growing numbers of women and children.

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In response to this situation, in early 1990, the Executive Director appointed a Director for Emergency Programmes to streamline and improve the ability of UNICEF to respond to the urgent needs of women and children in emergency situations. Recent adjustments introduced into the UNICEF emergency response structure are detailed in a separate report being submitted to the 1991 Executive Board (E/ICEF/1991/11). Because of the growing magnitude of natural and man-made disasters, it was felt that the Emergency Reserve Fund should be increased from $4 million to $5 million per year and a proposal has been submitted to this effect (see E/ICEF/1991/P/L.35).

Children in especially difficult circumstances

133. UNICEF efforts to assist children in especially difficult circumstances have made considerable progress since 1986 when the policies for assistance in this area were established. There is now both an increased awareness and a much clearer understanding of the scale, nature and underlying causes of the problem. UNICEF currently supports programmes in 45 countries, including projects for street children, children affected by wars and disasters, child workers and institutionalized, abused or neglected children. Several of the new country programmes being submitted to the 1991 Executive Board also include projects for children in especially difficult circumstances, many of which will be implemented through NGO networks. Most country programmes in this field include support to joint government and non-government coordinating bodies, which form a network for advocacy and awareness-raising, as well as for programme implementation and coordination.

134. The major portion of the resources for these programmes has been provided through supplementary funding. Local private fund-raising has also played an important role in programme expansion. Some of the earliest programmes assisted, such as the street children's programme in Brazil, have become entirely self-financing national movements. Programmes for street children are under way in 17 countries in Latin America, and many, such as those in Guatemala, Honduras and Mexico, are now moving to national scale. These programmes are being replicated in other regions through intercountry and interregional exchanges. Support for national efforts to assist street children has spread to many countries outside Latin America, including India, Kenya, the Philippines, the Sudan and Thailand and, more recently, Bangladesh, Nigeria and Senegal. However, widespread awareness and support for street children projects have not yet been adequately extended to other groups of children in especially difficult circumstances.

135. Child labour, which is a much larger though less visible problem, has been addressed directly in only a few country programmes such as Brazil, Egypt, the Philippines and Thailand. In these countries, UNICEF has assisted Governments and NGOs to investigate and expose the problem and to initiate programmes to provide protection and services to working children. Close collaboration continues with ILO in support of regional meetings and the development of training materials and publications to raise public awareness and stimulate country-level action. Jointly produced training modules on child labour have been completed that will form the basis of expanded training for UNICEF staff, as well as for many NGO and government counterparts. A

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UNICEF staff working paper, "Protecting working children", is being published commercially as part of the effort to raise public awareness about the child labour problem. Collaborative work continues with NGOs, such as Child Workers in Asia, Defence for Children International, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and the African Network for Protection and Prevention of Child Abuse and Neglect to expand their capacity for technical assistance to and mobilization of local NGOs in support of country-level programming to combat child labour. In cooperation with UNESCO, UNICEF has begun to document and support country-level projects providing non-formal education for working children and policies to adapt the formal education system to make it more accessible and relevant for working children.

136. New and continuing conflicts have increased the numbers of child victims of war, especially in Africa. UNICEF has responded creatively to the emergency needs of children in these conflict areas.

137. Compared with previous years, more countries, particularly those in the Middle East, have reported programmes or issues of concern about children in situations of armed conflict. The first phase of the UNICEF-supported study on the situation of disabled children and women victims of armed conflict has been completed. In the occupied territories, the existing difficult circumstances have brought UNICEF into the area of providing physiotherapy services to injured Palestinian children, through which, since May 1988, more than 3,600 cases have been treated. Despite the termination of war since 1975, children in the Lao People's Democratic Republic continue to be maimed by explosive devises buried in the soil or hidden in bushes. UNICEF is planning to cooperate with a number of NGOs that have projects directed specifically at the removal of explosives and assisting the victims.

138. The "corridors of peace" negotiated for Operation LifeLine Sudan (OLS) have been renewed, agreement has been reached on "corridors of peace" in Angola and new efforts for similar agreements are under way in Ethiopia. Days of peace in El Salvador were once again observed to allow children on both sides of the conflict to be immunized. UNICEF offices in Central America, Mozambique, the Philippines and Sri Lanka have developed projects to identify and help children who are psychologically and socially traumatised by armed conflict. UNICEF assisted peace education and summer camps in Lebanon, integrating children from opposing factions. Country programmes in Afghanistan, Angola and Cambodia are developing planned transitions from emergency assistance to rehabilitation and long-term development. These diverse experiences were reviewed at an interregional workshop and are being documented in a guidebook for field workers.

139. Child abuse and neglect, often associated with child labour, institutionalized children, substance abuse in the family and armed conflict, exist in many settings in industrial and developing countries alike. Few country programmes have been able specifically to address the problem of intrafamily abuse because of its sensitivity. IPSCAN and UNICEF are working together to raise international public awareness of this problem and, despite the considerable progress made, much more needs to be done. In order to carry

out an expanded programme of action, a separate proposal for international, interregional and regional actions in support of country-level programme and project development is being submitted to the 1991 Executive Board for approval (see E/ICEF/1991/P/L.32).

Social mobilization and programme communication

140. UNICEF country programmes increasingly highlight the use of mobilization techniques and communication in the push towards achieving programme objectives, particularly the final efforts to reach UCI by the end of 1990. While these immunization drives have demonstrated the usefulness of mobilizing techniques, their use as a strategic approach to establishing a more supportive environment for children's initiatives has also been illustrated in a number of country programmes, notably Brazil, Egypt, Peru, the Philippines, Namibia, Sierra Leone, Sri Lanka and the United Republic of Tanzania. Efforts to ensure a place for children in Brazil's new Constitution and the emerging interest in the problems of children caught in conflict in the Philippines are both examples of a strategic approach to mobilization. In other countries, mobilization has been used to extend the outreach of services, particularly, as in Egypt and Kenya, to reach the poorest 20 per cent of the population. Such efforts usually attempt to direct political attention to the problems of disadvantaged groups and to engage community-based organizations as allies to strengthen service delivery in particular areas. In Peru, alliances with women's groups in the pueblos jovenes (youth towns) of Lima are a striking example.

141. With an emphasis on securing alliances and using all available channels of advocacy and communication to enlist both decision-making and broad public support, social mobilization will become increasingly important in reaching the goals for the 1990s, most of which depend greatly on the improved ability to reach the poorest and most remote populations, both socially and geographically. Several examples of UNICEF cooperation, such as in Angola, Brazil, Namibia, the Philippines, Somalia and the United Republic of Tanzania, closely ally mobilization approaches with national policies of decentralization, together with renewed attention to area-specific or community-based projects. In a number of the more successful examples of mobilization-based programmes, the country situation analysis includes information on how information, education and communication (IEC) transactions take place, both at the individual level and within the society generally. Increasingly, this information is obtained through UNICEF-supported KAP studies, focus group research and, occasionally, by a systematic appraisal of the role of IEC in the society, in particular its effect on policy- and decision-making. This mobilization/communication dimension of the situation analysis is a relatively new area for which several models, including Ghana and Nigeria, have now been developed. In Nigeria, the situation analysis will map the sociocultural and epidemiological specificities in eight "focus" states, which reflect the country's religious, ethnic and climatic diversity.

142. A number of UNICEF offices have drawn attention to the increasing importance of face-to-face communication as a key element of mobilization activities designed to have a positive impact on underlying attitudes. Each

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year UNICEF cooperation supports training for hundreds of thousands of front-line workers in various sectors, and the need for training of these workers in interpersonal communication is increasingly appreciated. In Nigeria, 60,000 non-governmental workers were trained in mobilizing techniques for the immunization effort, and in Bangladesh, 54,000 vaccinators, 200,000 imams and 184,000 teachers were trained. Initiatives involving traditional healers in Swaziland and village drama groups and contact teams in Malawi and India further demonstrated the importance of effective communication at this level. At another level, UNICEF has collaborated with Johns Hopkins University in a three-week communication training programme; an English-speaking workshop was held in Baltimore, Maryland, in June 1990, and a French-speaking workshop was held at Tunis, in October 1990. Government and NGO officials, as well as UNICEF staff, participate in this training together, thereby generating common bonds and thinking. Existing communication/ mobilization packages are being adapted in the light of the organization's growing experience. Guidelines on the subject and its relation to programme work have been drafted for the UNICEF programme policies and procedures manual.

143. Facts for Life is now a part of most UNICEF country programmes and has been translated into more than 80 languages. It is estimated that more than 2 million copies have been distributed, including many nationally adapted versions. Increased demand has necessitated the reprinting of four international core language versions pending the preparation of a revised edition in early 1992. The preventive health messages are finding their way into street theatres, rural radio, comics and cartoon strips, supermarket bags, billboards, newspaper supplements, puppet performances, bumper stickers and matchbox labels. Some 125 NGOs have formally allied themselves with this initiative and many more are working at the country level. Examples range from professional associations of doctors and dentists in Botswana to community service organizations in Lesotho and folk drama troupes in India. Several exemplary Facts for Life and mobilization initiatives are being documented for training purposes.

144. As the role and importance of mobilization and communication in programme delivery grows, so does the importance of monitoring and evaluating these efforts. The development of objective indicators and methodologies for assessing progress is an area for increased attention in the coming year. In mid-1990, a group of field staff with strong practical experience of Facts for Life met and established critera for self-evaluation by offices engaged in the initiative.

Programme evaluation

145. During the period October 1989-September 1990, more than 260 evaluations were completed (see table 4). This represents a decrease of 18 per cent over those completed during the previous period, as immunization evaluations conducted during the year are more national than provincial in scope, thus reducing the overall number of evaluations.

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Table 4. Number of evaluations and studies completed by region

(October 1987-September 1990)

Region	1988		1989		1990	
	Evaluations	Studies	Evaluations	Studies	Evaluations	Studies
East Asia and Pakistan	19	53	34	81	50	88
Eastern and Southern Africa	35	102	52	88	82	120
Middle East and North Africa	37	23	141	66	44	38
South Central Asia	56	34	25	23	25	26
Americas and the Caribbean	30	44	32	77	24	86
West and Central Africa	41	70	38	76	38	73
Total	218	326	322	411	263	431
Grand total (evaluations and studies)	544		773		694	

146. A review of evaluation plans and annual reports indicated the following:

(a) Immunization and diarrhoeal diseases continued to lead in the number of evaluations completed during the period, accounting for more than 40 per cent. This related to countries trying to determine how close they were to meeting 1990 targets. The Middle East and North Africa region conducted combined mortality/immunization/diarrhoea field exercises. This innovative combination helped to demonstrate the cost-effectiveness of this means of data collection;

(b) The capacity of field offices to forecast evaluations 12 months ahead remained weak. Of the evaluations planned for 1990, only 47 per cent were completed as scheduled, which is similar to the situation in 1989. However, 64 per cent of evaluations completed in 1990 were not originally foreseen, in contrast with 67 per cent in 1989;

(c) The style of annual reports is becoming increasingly evaluative. Many offices that had participated in training workshops included analytical sections in their reports. However, less than 50 per cent of offices perceived a link between these reports and annual/mid-term reviews;

(d) Several countries reported interesting monitoring systems developed with Governments. In Indonesia, the monitoring of local areas, initially developed for the expanded programme on immunization (EPI) is being tested for monitoring MCH and other programme components. The Comoros and the United Republic of Tanzania have established national coordinating committees to monitor their programmes. Brazil has developed indicators to monitor programmes such as the one for street children. The Dominican Republic is applying a system to monitor 5,000 children and mothers. Cameroon started a registry at the village level to monitor demographic and health indicators. Benin has integrated EPI surveillance in service utilization.

147. The Evaluation Office continued to implement thematic evaluations. The assessment of social mobilization in UCI initiated in 1989 was supposed to be completed with exercises in Colombia, India and Turkey. The Colombia assessment was conducted as planned. The remaining two were postponed until early 1991 owing to the heavy involvement of the offices in programme preparation. Two new thematic evaluations were started during the reporting period, one on growth monitoring and promotion covering China, Indonesia and Zaire, and the other on income-generating activities for women in Burundi and Jamaica. These will be expanded in 1991 to include additional countries. The Water and Sanitation Section and the Evaluation Office supported a systematic cost-analysis of water supply systems in four countries, the results of which are expected to help to standardize the methodology and promote the use of cost-effective systems.

148. Various actions were taken to strengthen evaluation and its use within UNICEF programming efforts. Exchanges of experience and increased skills in monitoring and evaluation were continued and encouraged. The evaluation newsletter, issued three times a year as a forum for sharing lessons and providing information on good evaluations and other substantive matters, continued to enjoy wide readership in UNICEF, United Nations agencies and external institutions. A regional staff training workshop on integrating programming and evaluation, organized by the West and Central Africa Regional Office, was held in Mali for 23 participants from French-speaking African countries. The workshop aimed to expose participants to evaluation techniques, train them better to plan and manage evaluation activities and emphasize the functional link between monitoring/evaluation and the programming process. A specialized workshop on sentinel sites methodology was held in Mexico for a selected team of 22 trainers/facilitators from both headquarters and field offices. Participants from Angola and Myanmar have already begun to implement this approach in their ongoing programmes. An international conference on rapid assessment procedures held in Washington, highlighted the adaptations/simplifications that the techniques utilized by academic institutions and UNICEF have recently undergone.

Programme publications

149. Programme publications are targeted towards a professional readership in both industrialized and developing countries. The wide range of programme publications reflects policy and programme priorities and is a response to the demand for scientific and technical information, especially in new areas of programme cooperation. "The Staff Working Papers" series allows for the rapid dissemination of useful knowledge and skills among UNICEF staff and counterparts to support country programme implementation. To make new UNICEF policies widely available in published form, two policy reviews were published in 1990, the "Strategy for improved nutrition of children and women in developing countries" and "Development goals and strategies for children in the 1990s". In 1990, a booklet on the girl child was produced in response to the new priority attached by the Executive Board on finding ways to reduce early gender inequalities. For the water and sanitation conference held in New Delhi from 10 to 14 September 1990, a book analysing the evolution of water supply and sanitation programmes in three large countries - Bangladesh, India and Nigeria - was published. In order to keep paediatricians informed of the latest scientific consensus on key issues related to child health, especially with regard to their practical application in developing countries, a new quarterly journal International Child Health: A Digest of Current Information was launched in 1990. The new journal, published in collaboration with UNICEF and WHO, is the official publication of the International Paediatric Association.

150. Like all other technical publications of the United Nations system and NGOs, programme publications have become sales items. They, as well as selected publications produced by UNICEF field offices, are sold in industrialized countries. A sales agreement was signed in March 1990 with the United Nations Publishing Division in order to benefit from the marketing and sales outlets of the United Nations Sales Sections in New York and Geneva.

151. Efforts have been made to increase the access of developing countries to publications directly useful to them and to overcome constraints such as low purchasing power and foreign currency restrictions. In addition to a large free distribution of programme publications, local reprinting of low-priced editions has emerged as an option in a few countries. In the publishing area, inter-agency cooperation has been particularly active and productive in 1990, especially with WHO. The availability of joint WHO/UNICEF publications in developing countries has been greatly increased by special arrangements with local publishers to produce these in local languages.

152. In order to facilitate the flow of information in support of UNICEF programmes of cooperation, and also for advocacy, field offices produce numerous publications (see table 5 below) in addition to about 700 evaluations and studies per year. The lower figures for 1989 and 1990 reflect the delay in the receipt of these publications at New York headquarters.

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Table 5. UNICEF field publications

Language/region	1987	1988	1989	1990
English				
Eastern and southern Africa	23	30	28	1
West and Central Africa	10	17	13	5
Americas and the Caribbean	14	14	10	4
East Asia and Pakistan	25	42	13	11
South Central Asia	25	20	15	10
Middle East and North Africa	21	14	17	12
Subtotal	118	127	96	43
Spanish				
Americas and the Caribbean	36	27	20	33
Portuguese				
Eastern and southern Africa	-	1	-	-
Americas and the Caribbean	-	7	7	-
Subtotal	-	8	7	-
French				
Eastern and southern Africa	1	-	1	-
West and Central Africa	35	25	11	1
Americas and the Caribbean	1	6	2	1
Subtotal	37	31	14	2
Total	191	193	137	78

153. In order to make this knowledge available both inside UNICEF and to National Committees and close partners in programme cooperation, annotated catalogues of UNICEF publications produced in English, French, Spanish and Portuguese are published every three years.

II. OPERATIONS

A. Overview

154. UNICEF programme goals and strategies for the 1990s approved at the April 1990 session of the Executive Board, and subsequently endorsed at the World Summit for Children, are placing challenging demands on the systems and capacity of UNICEF operations. In 1990, various efforts were made to prepare UNICEF to meet those challenges in the most efficient and cost-effective manner.

155. In the budget preparation procedure, particular attention was given to those goals and strategies, while extensive discussions and analyses were conducted of existing resources and organizational structure both at headquarters and in the field. These have been reflected in the revised budget estimates for 1990-1991 and budget estimates for 1992-1993 (E/ICEF/1991/AB/L.1).

156. A senior-level management task force was established in early 1990 to consider operational implications for the strategy for the 1990s and to recommend policy directions for improved management. The task force is continuing its work and is expected to complete management reviews in 1991. Various measures to improve financial management, internal controls, human resource management, as well as information and resource management, were pursued by operational divisions and field offices in 1990. For example, a task force to improve the management of non-supply assistance was formed to review the situation in depth and to recommend necessary actions.

B. Income and expenditure

157. The financial results for 1990 show how successful the year was for UNICEF. Both income and programme implementation exceeded the levels contained in the medium-term plan for the period 1990-1993 (E/ICEF/1990/3 and Corr.1) and showed a dramatic increase compared to 1989.

158. Total income was $821 million in 1990, which was $100 million greater than the $721 million total income estimated in the 1990 medium-term plan. This increase was the result of greater than expected contributions from every source, including an outstanding performance from the Greeting Card Operation (GCO). Total income for 1990 was $154 million, 23 per cent greater than total income in 1989.

159. The breakdown of sources of income is shown in table 6. In 1990, income from Governments, intergovernmental organizations and the United Nations accounted for 74 per cent of total income, the balance coming from non-governmental income. General resources income in 1990 was $536 million, $57 million greater than the amount estimated in the 1990 medium-term plan. Supplementary funds income, excluding contributions for emergencies, was $228 million in 1990, which was $26 million greater than the medium-term plan estimate.

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160. Supplementary funds contributions for emergencies in 1990 reached $57 million, which included $14 million for the Sudan, $8 million for Mozambique, $7 million for Afghanistan, $5 million for Ethiopia and $4 million for Jordan.

Table 6. UNICEF income by source of funding

(In millions of United States dollars)

	1987	1988	1989	1990
General resources	345	437	423	536
Supplementary funds	198	235	187	228
Subtotal	543	672	610	764
Emergency from supplementary funds	29	39	57	57
Total	572	711	659	821

161. In 1990, total expenditures totalled $738 million (see table 7). Programme expenditure for 1990 was $584 million, $14 million more than the 1990 medium-term plan amount. The additional $14 million was not the result of overexpenditure, but rather the result of a decision to fund several high priority supplementary-funded projects from general resources. In 1990, supplies and equipment accounted for 49 per cent of total programme expenditure and cash assistance accounted for 51 per cent. This expenditure pattern now appears to have stabilized for the last three to four years. Total programme expenditures for 1990 were $83 million, 17 per cent greater than in 1989. Budget expenditures for programme support services and administrative services amounted to $150 million.

162. The 1990 financial results are detailed in the interim financial report for the year ended 31 December 1990 (E/ICEF/1991/AB/L.7). The financial medium-term plan provides projections for 1991-1994 (E/ICEF/1991/3).

Table 7. Expenditure by type of input

(In millions of United States dollars)

	1987	1988	1989	1990
Supplies and equipment (including freight)	208	215	259	288
Cash assistance	157	185	242	296
Total programme expenditure	365	400	501	584
Programme support services	68	63	71	81
Administrative services	46	51	58	69
Write-offs and other charges	9	2	3	4
Total expenditure	488	516	633	738

C. Human resource management

163. As of 31 December 1990, UNICEF had a total of 4,730 staff members, comprising 1,127 international Professional (531 core, 531 non-core and 65 government-sponsored), 608 national Professional (189 core and 419 non-core) and 2,995 General Service staff (1,428 core and 1,567 non-core). These staff members were assigned to 227 locations globally in 106 countries (including headquarters, regional offices, country offices, suboffices and GCO. The proportion of staff positions in the field has increased further and now accounts for 84 per cent.

164. On 1 July 1990, in compliance with the decision of the United Nations General Assembly, UNICEF implemented the new hardship and mobility scheme, a major package designed to improve conditions of service for internationally recruited staff, particularly those in the field. Additionally, the scheme compensates staff serving in hardship duty stations, thereby aiming to attract high-calibre staff for such duty stations where a UNICEF presence is critical.

Recruitment

165. During 1990, nearly 300 staff positions were filled by both internal and external candidates. The appointment and placement of female Professional staff have continued to receive top priority. The external and internal

search for qualified candidates focused on the identification of female Professionals, who constituted 35 per cent of the positions filled during 1990.

166. At the end of 1990, UNICEF attained its target of having one third of its core Professional posts occupied by women. Over all, the proportion has increased from 26 per cent in 1985 to 33 per cent by December 1990. These targets were set in 1985 on the basis of recommendations by the Task Force on Women and implemented rigorously by the secretariat. It is noteworthy that the proportion of women in project-funded posts has reached 32.5 per cent.

167. Progress in reducing the gender gap in the organization can be demonstrated by the following: (a) the proportion of women in the national Professional category (core and project-funded) increased from 29 per cent at the end of 1985 to 35 per cent at end of 1990; (b) the proportion of women at D-1 and above levels has doubled, rising from 9 per cent in 1985 to 18 per cent in 1990; and (c) currently, more than 26 per cent of heads of UNICEF offices in the field are women.

168. In the light of the expansion of UNICEF programmes of cooperation and the need for additional qualified staff in the 1990s, UNICEF undertook a number of recruitment missions to underrepresented countries, as well as to major universities and institutions. Further recruitment missions to African countries are being organized in 1991. In view of the challenge provided by the child-related goals for the 1990s, UNICEF is diversifying the disciplines of its new recruits.

169. The Junior Professional Officer (JPO) programme has expanded further. The signing of a JPO agreement with the Government of the United Kingdom in 1990 brings the number of sponsoring countries to 12: Canada, Denmark, Finland, France, Germany, Italy, Japan, Netherlands, Norway, Sweden, Switzerland and United Kingdom. Negotiations are under way with the Government of Belgium, and a JPO agreement is expected to be finalized in 1991. Other Governments have also been approached to enter into similar agreements with UNICEF as the demand for the services of JPOs is growing and new sponsors are needed.

Training

170. There has been a quantum acceleration during 1990 in the amount of training carried out within UNICEF. At the same time, there has been a major shift in the nature of staff training activities. The clear enunciation of substantive goals for the 1990s has spurred the rapid production, dissemination and use of training materials covering such key areas as nutrition, CDD and education for all. Intensive work is under way to complete training materials on how to operationalize the other key goals of the 1990s. By December 1990, 20 complete training packages, many of which are video-based, had been produced covering most key areas of UNICEF substantive and operational procedures.

171. The number of staff member-days devoted to formal in-service training increased by 48 per cent in 1990 as compared to 1989. Training expenditure increased by 19 per cent from $1,580,000 in 1989 to $1,881,000 in 1990, while the per person-day expenditure decreased from $137 (1989) to $110 (1990), a quantitative testimony to the increasing cost-efficiency of training resulting from the organization's decentralized training strategy. Almost every field office and headquarters division has a training focal person who has completed a training of trainers course that emphasizes training needs assessment, planning, implementation and evaluation/follow-up. This strategy has further increased the effectiveness of staff training as a major tool for enhancing staff productivity. Currently, increased emphasis is being given to improved orientation and systematized on-the-job training. Progress in training is being monitored carefully, and new needs are being identified and rapidly met.

D. Financial management

172. In 1990, the administration made continuous efforts to strengthen various aspects of financial management and internal controls.

173. At its April 1989 session, the Executive Board approved a three-year plan to improve and upgrade the central financial and accounting system at a total cost of $3.4 million (E/ICEF/1989/12, decision 1989/28). The plan covers and integrates a wide range of UNICEF financial data flows, and substantial progress has been made on the project. The project is planned to be completed by the end of 1991 or early 1992. No additional funds are requested in the 1990-1991 revised budget.

174. In early 1990, based on the recommendations provided by a management consulting firm, a project manager for system development was appointed to facilitate project planning and implementation. Work on the general ledger in 1990 focused on improving the existing functions and integration of the various subsystems, and a further review of the detailed functions of the general ledger is in progress. The synchronization of the cashier's systems with other systems took place in 1990, and linkages with obligation and budget systems are planned for 1991. The new treasury system was purchased in late 1989 and became operational in 1990. The new programme budget system was implemented and will be enhanced in 1991 to incorporate additional functions. The new funding monitoring system was implemented in 1990 and synchronized with other systems. In addition, the review and development of the personnel finance system will take place in 1991.

175. In order to improve and control financial management both at headquarters and in the field, a new headquarters accounts manual was issued and a field accounts manual and budget manual were updated. A new finance manual for field offices has been completed and will be distributed soon. In addition, financial circulars and accounting instructions were reviewed and updated. In the area of financial management training for field offices, financial management and budget workshops were held in three regions in 1990, and further workshops are planned in 1991.

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176. As non-supply assistance has grown rapidly in recent years, measures to ensure appropriate management and monitoring of advances to Governments have been futher enchanced through the establishment in 1990 of a high-level interdivisional task force to review and strengthen the control and management mechanism of such advances. The task force will review accounting procedures, lines of responsibilities and the reporting structure of all parties concerned with a view to recommending measures to improve the situation.

E. Supply operations

177. UNICEF supply operations in 1990 accounted for 49 per cent of the dollar value of programme assistance. The Supply Division also carried out procurement services on behalf of Governments, donors, NGOs and other United Nations agencies to complement UNICEF programmes of assistance in the amount of $49.2 million. All supply operations involve the Supply Division, whether related to procurement in developing countries, to supplies provided through the UNICEF warehouse at Copenhagen or to purchases for direct delivery from suppliers to field programmes.

178. During 1990, the new supply data-processing system became operational and has greatly facilitated purchase order creation and the production of management reports on supply activities. System development continues and will be completed during 1991. The system is used by purchasing officers located in New York on an on-line basis through a leased line. This also commenced operation in 1990. The data-processing systems for warehouse operations are also being redesigned, with completion scheduled during 1992.

179. Inter-agency cooperation in procurement matters continues, and a number of meetings have taken place under the chairmanship of the Assistant Secretary-General for General Services of the United Nations Secretariat, with the participation of UNDP, the United Nations Commercial, Purchase and Transportation Service, the Inter-Agency Procurement Services Office (IAPSO), the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF. The objective of the meetings has been to establish a modus operandi for cooperative procurement that could eventually involve all agencies. The close collaboration between IAPSO and UNICEF continues. In mid-1991, IAPSO is expected to move into the new offices being constructed as an extension to the UNICEF premises at Copenhagen.

180. Procurement in developing countries in 1990 amounted to $92.7 million, an increase of $89 million over the 1989 total. It should be noted that the inter-agency cooperation mentioned in the preceding paragraph resulted, among other things, in the acceptance of the UNDP definition for developing countries. As a result, the figures for 1989 and 1990 are some $12 million higher than the figures based upon previous UNICEF definition. Total procurement in 1990 was $304.9 million, compared with $273.4 million in 1989. The Supply Division will continue to ensure that both developing countries and underutilized major donor countries are given the possibility of participating in UNICEF contracts through the established procedures for international

tendering. Long-term needs for vaccines and essential drugs continue to be covered by the establishment of arrangements covering forecast demand for a period of 24 months ahead.

181. In 1989, the Government of Denmark approved the financing of the expansion of the Supply Division administration buildings at Copenhagen. Building has commenced, with completion expected in August 1991.

F. Information resource management

182. The new programme coding scheme was introduced in 1990. This required changes in the supporting computerized information systems, both at headquarters and field offices. A global meeting on how to redesign the standard field office system recommended a change in its orientation better to support programme management. Work to specify further and redesign the system will begin in 1991.

183. As part of the central financial accounting system project, several new computerized systems were introduced in 1990, including the programme budget, funding monitoring, donor report monitoring, contributions receivable and the treasury system. Work began in 1990 on travel and special services agreement systems.

184. In 1990, two new mini-computers were introduced at New York headquarters which, by the end of the year, allowed over 500 staff to connect to the mini-computer centre.

III. EXTERNAL RELATIONS

185. As noted earlier, the year 1990 was unique for children. The entry into force of the Convention on the Rights of the Child, the World Conference on Education for All and the World Summit for Children all provided unprecedented opportunities for advocacy for children. As a result, coverage of the situation of children world wide in the media reached a magnitude never seen before.

A. Convention on the Rights of the Child

186. Pursuant to Executive Board decision 1989/10 (E/ICEF/1989/12), UNICEF worked actively throughout 1990 to assist in the promotion of the Convention on the Rights of the Child. Measures taken by UNICEF to promote implementation of the provisions of the Convention within the scope of its mandate are contained in document E/ICEF/1991/L.7.

187. By the time of the first anniversary of its adoption on 20 November 1989, 58 countries had become States parties by accession or ratification and another 75 had signed, indicating their intention to ratify.

By the end of January 1991, there were 70 ratifications/accessions. This unprecedented development was accompanied by national, subregional and regional public mobilization action for children, which engaged community leaders, parliamentarians, religious leaderships, the media and young people and children themselves.

188. Field offices and National Committees for UNICEF supported legislative reviews of children's rights and public information activities on the implementation of the Convention. Key constituency groups and the media were mobilized to support the Convention and the cause of child rights, and new partnerships for child survival and protection were formed. Country programme recommendations being submitted to the 1991 Executive Board demonstrate that a number of such programmes already reflect the provisions of the Convention.

189. UNICEF has continued inter-agency cooperation on the Convention, particularly with the United Nations Centre for Human Rights at Geneva. As part of a joint programme of cooperation, revised information materials were published, a definitive commentary commissioned and preparations began for the work of the Committee on the Rights of the Child, which was elected on 27 February 1991 by States Parties to the Convention. A substantial part of the media coverage on the World Summit for Children dealt with the Convention and child rights issues. UNICEF country and regional offices, as well as National Committees, actively assisted in national information and awareness campaigns on regional and national levels to promote ratification and implementation of the Convention.

190. In Ecuador, UNICEF supported the working children programme of the Ecuadorean Supreme Electoral Tribunal, which invited children from all major cities to vote for their choice on an electoral ballot that contained the 14 groups of rights taken from the Convention. On 30 June 1990, through the official Ecuadorean voting process, 160,000 children between the ages of 6 and 12 years old cast their votes and gave priority to the rights that protect them from drugs, sexual abuse and all forms of violence. This activity was carried out as part of a massive education process concerning the Convention, the degree to which these rights are fulfilled and the responsibilities of the State, society, the household and the children themselves.

191. In Costa Rica, a similar nation-wide children's poll showed that 478,000 of the 685,000 children who cast ballots valued most protection against drugs, sexual abuse and violence. The next most important was the right to study and play.

B. Inter-agency collaboration

192. UNICEF has continued to promote closer inter-agency collaboration. This approach has been facilitated by a number of factors, including the widespread recognition of the need to restore long-term development objectives and increased commitment to multilateral cooperation. As a result, there are new opportunities for the United Nations system that will require additional efforts to strengthen common approaches.

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193. The 1989 General Assembly resolution on operational activities for development (resolution 44/211) serves as the triennial policy guidelines. In 1990, the Executive Director submitted a major policy review paper on the role of UNICEF and on implementation of these issues (E/ICEF/1990/L.8), which built upon the policy paper submitted to and endorsed by the 1989 Executive Board (see E/ICEF/1989/L.8 and decision 1989/14, E/ICEF/1989/12). The Executive Director emphasized the responsibility of UNICEF to support the major policy thrusts emphasized by the General Assembly, including the human dimension in development, the shift from a project to a programme approach, decentralization and national execution.

194. At its 1990 regular session, the Executive Board adopted decision 1990/21 (E/ICEF/1990/13) which requested the Executive Director to support the implementation of General Assembly resolution 44/211, in particular through sharing UNICEF experience in decentralization, programme approaches and in the use of goals and objectives as a basis for management and inter-agency collaboration. The Executive Director was also requested actively to support the work of the Consultative Committee on Substantive Questions (Operational Activities) and the Joint Consultative Group on Policy (JCGP) and to promote the harmonization of procedures, programming cycles, common premises and the effective functioning of the resident coordinator system along the lines proposed in the secretariat policy paper.

195. Since the April 1990 Executive Board session, the Consultative Committee, which continues to be chaired by the UNICEF Deputy Executive Director, Programmes, has consolidated the first major revision of the resident coordinator system, including the establishment of a common training and policy development programme and the formulation of common guidelines for collaboration. The Consultative Committee has also developed guidelines for the following: joint participation in organizations' programming processes; common elements in situation analyses; common elements in country programme and mid-term reviews; and the establishment of country teams based on specific themes to be chaired by the competent organization or individual and under the overall guidance of the resident coordinator. The Consultative Committee has also begun a major effort to operationalize the International Development Strategy and to help to develop common national and international goals and strategies that will serve as a basis for common efforts.

196. Although considerable progress has taken place in the area of inter-agency collaboration, a number of significant challenges remain. First is the need to strengthen or establish commitments to common consensus goals and strategies at the national and international levels. In particular, the United Nations system must help to translate into action the renewed recognition that the human dimension of development requires special attention.

197. Such an initiative will need a broad range of action plans. The World Summit for Children, with the strong initiative from the Secretary-General, brought together the whole range of relevant United Nations organizations. Implementation of Summit commitments will provide a focus for common action; the Secretary-General has already initiated steps to support such an effort.

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198. Major activities carried out in 1990 included working with the International Fund for Agricultural Development (IFAD), UNDP, UNFPA and the World Food Programme (WFP) under the umbrella of JCGP on various developmental and operational issues; with WHO on a series of health measures, especially in immunization, CDD, ARI, malaria, safe motherhood, AIDS, MCH, essential drugs, nutrition, micronutrient deficiencies, breast-feeding, river blindness, etc., and the proposed children's vaccine initiative; with WHO, UNDP, the World Bank and Rockefeller Foundation in the Child Survival Task Force; with the World Bank and the WHO Regional Office for Africa on the Bamako Initiative; with WHO, UNDP and the President Carter Center on dracunculiasis eradication efforts; with WHO, FAO and the Subcommittee on Nutrition of the Administrative Committee on Coordination on food and nutrition surveillance and on preparations for the 1992 International Conference on Nutrition; with WHO, SIDA and USAID on the international high-level meeting on breast-feeding; with WHO and UNESCO on Facts for Life; with WHO and UNFPA on MCH/child spacing/family planning matters; with UNDP, UNESCO and the World Bank on the World Conference on Education for All and follow-up measures; with UNESCO on a series of educational measures and the establishment of the Joint Committee, comprising members of the two Executive Boards; with the International Institute for Educational Planning on the analysis and operationalization of the concept of basic education for all; with UNDP, the World Bank and WHO on water supply and sanitation; with UNDP, WFP, FAO and the International Committee of the Red Cross on OLS; with WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR) and several other partners on emergency and rehabilitation work; with UNIFEM, UNDP, UNFPA, WFP and IFAD on women in development; with UNEP on environmental matters; and with 14 other United Nations agencies on the World Summit for Children.

199. JCGP continued its work in promoting substantive collaboration in areas such as women in development, Africa, adjustment and poverty. The Group has also undertaken to examine new issues such as collaboration in the fields of environment, statistics and drug abuse and moved to harmonize programme cycles with government cycles. It has also held workshops to explore experience and develop common efforts in supporting national programme execution. It is exploring the harmonization and simplification of programming procedures, as well as such issues as local incentive payments. UNICEF has also moved towards the establishment of common premises with its JCGP partners, an issue that will be reported to the Committee on Administration and Finance. UNICEF continued to chair the subgroups on harmonization and adjustment.

200. In collaboration with its United Nations partners, UNICEF pursued its concern about the impact of adjustment programmes on children. UNICEF pressed for more attention to nutritional status and human development issues in World Bank consultative groups and UNDP round tables and has also engaged in a continuing fruitful dialogue with IMF. The World Bank 1990 World Development Report, which focuses on poverty, and the first issue of the UNDP Human Development Report, have been major supportive instruments in UNICEF advocacy. UNICEF has also worked closely with the World Bank in the fields of health, nutrition, education, water supply and sanitation, urban development, women in development and safe motherhood. UNICEF and the World Bank are

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developing a mutually complementary relationship in the operationalization of the concept of the Bamako Initiative and the concept of education for all in several countries in Africa. Sub-Saharan Africa was chosen as the first region for intense operational collaboration.

201. UNICEF continues to work closely with UNDP. Field representatives visit each other's headquarters for briefings on their assignments to new countries. UNICEF representatives participate in meetings of United Nations system representatives in field stations. UNICEF is advocating that these meetings address not only issues of administration and coordination, but also those focusing on human development and poverty alleviation. The staff of UNDP and other relevant United Nations organizations continued to participate in UNICEF country programme discussions; reciprocal invitations for UNICEF participation in programme reviews of other agencies improved in 1990. UNICEF cosponsored with UNDP the International Water Conference held at New Delhi in September 1990.

202. Collaboration between UNICEF and UNFPA, each within its own mandate, continued to strengthen, especially in the areas of MCH, adolescent health, demographic data collection, breast-feeding, birth spacing, responsible parenthood and family planning. UNICEF has focused on advocacy, training, education, information and communication, areas where its experience is strongest. The two organizations collaborated on the safe motherhood initiative. In response to Executive Board decision 1990/36 (E/ICEF/1990/13), a joint study on the collaborative experience of the two organizations is being prepared for submission to the 1992 Executive Board.

203. The long-standing collaboration between WHO and UNICEF continued across a broad range including EPI, CDD, ARI, malaria, safe motherhood, AIDS, family health, women in development, nutrition, micronutrient deficiencies, especially vitamin A and iodine, breast-feeding, MCH, essential drugs, river blindness, dracunculiasis, health education and the investigation of the impact of recession and adjustment on health financing. Together with the World Bank and several bilateral agencies, UNICEF participated in the WHO network on health financing. UNICEF also collaborated with WHO, USAID and SIDA in organizing the high-level meeting on breast-feeding at Florence, Italy and with the WHO Regional Office for Africa in the Pan African Conference on Community Financing for Health resulting in the Declaration of Kinshasa (see also the progress report on the Bamako Initiative (E/ICEF/1991/L.6)). A recent initiative with WHO has been cooperation towards the development of a new children's vaccine initiative (see E/ICEF/1991/P/L.31). UNICEF has collaborated closely with WHO on the development of health and nutrition goals for the Summit and also with WHO and FAO, under the auspices of Subcommittee on Nutrition of the Administrative Committee on Coordination, in the preparatory work for the International Nutrition Conference planned for December 1992. UNICEF has supported and participated in the work of ICCIDD, the International Vitamin A Consultative Group and the International Nutritional Anaemia Consultative Group. UNICEF also collaborated with WHO on information products and on an information programme on UCI by 1991.

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204. In partnership with WHO, UNDP, the World Bank and Rockefeller Foundation, UNICEF played an active role in the Task Force for Child Survival. The Task Force organized a meeting at Bangkok in March 1990, and issued the "Bangkok Affirmation", which added several additional health and nutrition goals for children in the 1990s.

205. In cooperation with many agency partners, UNICEF had the leading inter-agency role for information aspects of the World Conference on Education for All, including the production of an information kit, a conference newspaper and media relations. During 1990, the UNESCO/UNICEF Joint Committee was established and it met twice during the year, in March (see E/ICEF/1990/13, decision 1990/23) and in October (see E/ICEF/1990/L.13). UNICEF continued to work with UNESCO on a broad range of concerns, with particular emphasis on the operationalization of the concept of education for all, achievement-testing as envisaged in the Framework for Action, increasing and maintaining female enrolment in schools, improving the external and internal efficiency of the education system and making learning more efficient, effective and relevant.

206. UNICEF and UNEP collaborated in producing a joint report on children and the environment that was launched by the two Executive Directors at Mexico City on World Environment Day in June 1990, focusing world-wide attention on the impact of environmental degradation on children. The two agencies worked together to promote coverage of the report, which had a distribution of 14,000 copies in English, French and Spanish, and coproduced a press kit in those languages.

207. To build support for the World Summit for Children among international agencies, UNICEF cooperated with 14 other organizations in the United Nations family to produce an inter-agency information kit detailing the work for children of the agencies and how the Summit could assist in achieving their goals. The participating agencies included FAO, IFAD, ILO, IMF, UNHCR, the Centre for Human Rights of the United Nations Secretariat, UNDP, UNESCO, UNEP, UNFPA, WHO, the World Bank, WFP and the World Food Council.

C. Media relations

208. In terms of media coverage of the situation of children around the world, 1990 was an unprecedented year for UNICEF. A number of extraordinary events provided an unusual opportunity for coverage: the World Summit for Children; the coming into force of the Convention on the Rights of the Child; the World Conference on Education for All; and the launching of the report on children and the environment.

209. Coverage of the World Summit for Children in the media around the world was a landmark event for children. Never has there been such a world-wide outpouring of attention on the subjects of child survival, development and protection on television, radio and in all areas of the printed press. Suddenly, children became front-page, prime-time news. The Summit struck a

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chord not only with the major media in capital cities, but at most levels of society in both developing and industrialized nations. News of the Summit reached villages and rural areas in most countries. Publications with no record of any mention of UNICEF were suddenly carrying news about children. It appears that no other single event at the United Nations ever generated so much coverage.

210. Coverage of the Summit was particularly noteworthy in the industrialized world, where UNICEF previously had experienced some difficulty in getting its message across. Some examples of press successes included cover articles in Time Magazine (both domestic and international editions); extensive coverage in The New York Times; a four-page supplement in The International Herald Tribune; several front-page series on children in major Canadian newspapers; the lead story in The Sunday Times of London magazine supplement; lengthy features in two of Europe's biggest weeklies, Der Spiegel in Germany and L'Express in France; widespread coverage in all the European press; more than 160 articles in the Japanese press; and major treatment in children's sections in numerous publications.

211. There was also prominent television footage in Europe and North America, including in-depth pieces on the situation of children: the American Broadcasting Corporation (ABC) evening news programme devoted three lengthy segments to UNICEF projects and goals during the week of the Summit; the "Oprah Winfrey Show" used an hour-long programme on children's problems as a fund-raising event, resulting in $300,000 in contributions to the United States Committee for UNICEF; the Columbia Broadcasting System (CBS) "60 Minutes" programme repeated a 1989 award-winning segment on UNICEF entitled "40,000 a Day"; the BBC broadcast a special programme on the Summit called "Tomorrow's Child"; and more than 30 international broadcasters, many in the developing world, aired "341", the UNICEF/BBC coproduced video shown to the leaders at the Summit.

212. There was also extensive coverage in the developing world. A few representative examples: two Mexican magazines published special issues on the Summit; newspapers in El Salvador, India, Kenya and Nigeria, among others, ran special feature packages on children's issues; the press in Mozambique made the Summit the lead story for seven consecutive days; Saudi Arabian newspapers ran several front-page articles; and special television and radio programmes built around Summit themes ran in numerous countries, including Indonesia, Pakistan, the Philippines and the Syrian Arab Republic.

213. UNICEF, working closely with National Committees, helped to build this success by offering numerous interviews with leading UNICEF officials to key media; making thousands of contacts with publication and broadcast outlets; providing print, video and audio materials; and organizing field trips for journalists to Central America and Egypt, which resulted in major articles in more than a dozen publications in Europe, North America and Egypt. A number of press briefings were held, including major pre-Summit ones in New York, Geneva and Nairobi. In addition, arrangements were made for two public relations agencies to do pro bono work to promote mobilization events

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involving the Summit, especially the Candlelight Vigils, and to place public service advertising in major publications.

D. The State of the World's Children report

214. The major UNICEF advocacy document, the State of the World's Children, has now become the most widely publicized and used publication in the United Nations system. The 1991 issue was produced in more than 40 languages and distributed in 158 countries. The distribution was well over 100,000 in the three working languages (English, French and Spanish) alone. The 1991 report was launched at Berlin on 19 December, with a satellite link to Nairobi and a live feed to journalists in New York. At Berlin, the Executive Director was joined by President Richard von Weizsacker of Germany and UNICEF Goodwill Ambassador Sir Peter Ustinov. The report received massive coverage world wide, apparently in part because of greatly enhanced interest in the situation of children created by the Summit, for which a special edition was also produced. As a result, the distribution of the report virtually doubled in 1990.

E. National Committees for UNICEF

215. National Committees continued to give vital support to UNICEF, contributing approximately 20 per cent of its general resources. A major focus for National Committees in 1990 was to promote the adoption and ratification of the Convention on the Rights of the Child. They also helped to mobilize public opinion in favour of the World Summit for Children. Many National Committees organized special activities, including national mini-Summits, which encouraged the participation of children. The Summit and Convention-related advocacy opened new avenues of cooperation between several National Committees and national child and family NGOs during 1990.

216. Strengthened collaboration between the UNICEF secretariat and National Committees during 1990 also resulted in closer consultation in the National Committees Standing Group meetings and the Annual Meeting. In addition, to broaden further the base of public support UNICEF enjoys in industrialized nations, a Volunteer Development Forum was held as part of the Annual Meeting. During this forum, some 25 National Committees formulated an action plan to attract more volunteers for UNICEF, including young people.

217. Special attention was given to structural changes taking place in several Eastern European National Committees in the process of becoming independent national organizations. This will continue to be a priority concern during 1991.

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F. Non-governmental organizations

218. Collaboration at field and headquarters levels continued with many local, national and international NGOs. Of particular importance at the international level were the partnerships with the 170 international NGOs in consultative status with UNICEF.

219. NGOs took an active role in the World Conference on Education for All and have formed an NGO Task Force on Education to work with the sponsoring United Nations agencies implementing the Conference recommendations. The education of women and girls is an area of special concern. NGO partners continued to play a major role in the area of child rights, supporting the continued ratification of the Convention on the Rights of the Child and monitoring of its implementation.

220. The World Summit for Children was a major focus for NGOs. NGO activities resulted in dozens of statements addressed to heads of State and Government. A group of NGO representatives held a private meeting with the six initiating heads of State or Government on the eve of the Summit and conveyed their concerns about a range of issues. A group of youth NGOs held a round-table conference to develop a youth NGO plan of action for children. Some 90 major international NGOs active in child-related areas were invited to attend the Summit as observers and, at a follow-up meeting held the following day, they emphasized the need to work with Governments in carrying out the Summit Plan of Action.

221. A large group of NGOs is beginning to operate programmes in Central and Eastern Europe and they have formed a Consultative Group with UNICEF. The Group is focusing on needs assessment and action in the area of health, including the training of professionals, education, the environment and children, emergency assistance and the strengthening of community services.

G. Parliamentarians and religious leaders

222. Key international and regional parliamentary organizations demonstrated their support for children by adopting far-reaching resolutions and declarations in support of the Convention on the Rights of the Child and the World Summit for Children. These organizations included the Inter-Parliamentary Union, the Global Forum of Spiritual and Parliamentary Leaders on Human Survival, the Asian Forum of Parliamentarians on Population and Development, the European Parliament, the Inter-American Parliamentary Group on Population and Development and the Union of African Parliaments.

223. At the country level, parliamentarians in Sri Lanka, Zimbabwe, Zambia, Nicaragua, Cameroon and elsewhere, gathered during 1990 to address children's issues. In some cases, as a result of these meetings, parliamentarians assumed a significant role in promoting the ratification and implementation of the Convention and in urging world leaders to participate at the Summit.

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224. Immediately following the Summit, parliamentary organizations from around the world demonstrated their commitment to improving the welfare of children. The 84th Inter-Parliamentary Conference at Punta del Este, Uruguay, adopted a resolution calling on all parliaments to monitor the implementation of the Convention and the World Summit Plan of Action at the national, regional and international levels. The African Parliamentary Council of Parliamentarians on Population and Development, in collaboration with UNICEF, organized a regional workshop of parliamentarians in December 1990 in the Gambia to focus on the role of parliamentarians as advocates for the Convention and Summit Plan of Action.

225. One outcome of the Global Forum of Spiritual and Parliamentary Leaders on Environment and Development, held in Moscow, in January 1990, was a Plan of Action identifying the needs of children as a priority. Similarly, the World's Religions for the World's Children Conference, meeting at Princeton, New Jersey (United States), adopted a Declaration and Plan of Action later presented by a delegation of religious leaders to the leaders of the initiating Governments on the eve of the Summit.

H. Public advocacy

226. The World Summit for Children mobilized the support and involvement of UNICEF Goodwill Ambassadors and celebrity supporters, children and youth.

227. A Children's Outdoor Forum took place at the United Nations just prior to the Summit, with 4,000 young people in attendance. Young participants from around the world spoke out about the needs and rights of children, and "E.T.", John Travolta, Jane Curtin and other personalities also took part. Harry Belafonte participated in events in Washington, D.C., Baltimore, Maryland and New York, and Audrey Hepburn raised funds for UNICEF with concerts in Philadelphia, Houston, Chicago and New York.

228. The Third Annual Danny Kaye International Children's Awards Show took place in the Netherlands in September, with Audrey Hepburn and Roger Moore as hosts. Sir Richard Attenborough participated in the Leonardo d'Oro Awards celebration in Rome, where UNICEF was honoured. Similarly, Julio Iglesias continued to provide advocacy support to UNICEF during his international concert tours and gave a UNICEF benefit concert in Izmir, Turkey, in July.

229. Many UNICEF Goodwill Ambassadors visited projects on field missions during 1990. Liv Ullmann visited Nepal, Tetsuko Kuroyanagi went to Bangladesh and Audrey Hepburn toured Viet Nam, Australia, New Zealand and Europe. Special Representative for sports, Imran Khan, supported UCI advocacy in his native Pakistan, as well as in Bangladesh.

230. During 1990, artists and intellectuals in Africa and elsewhere continued to disseminate CSD information. Their innovative activities drew on traditional and other communication skills for advocacy, education and information support at the community level. They also established 20 national

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CSD support groups and are using their talents and creativity to present vital health messages to parents and families.

231. During 1990, African artists and intellectuals organized Summit-related workshops, seminars and meetings in a number of countries including Benin, the Central African Republic, the Congo, Ghana and Kenya. These communicators were involved in fund-raising activities, theatrical performances and a wide range of creative endeavours.

I. Intergovernmental organizations

232. The close relationship established in recent years between UNICEF and African leaders was further consolidated during the 1990 OAU Summit. Heads of State and Government adopted seven landmark resolutions related to the World Summit for Children, the African Decade for Child Survival, Protection and Development, the World Conference on Education for All, the charter on the Rights and Welfare of the African Child, and other child-related issues, including the impact of armed conflicts on children and women, immunization and the control of AIDS.

233. Intergovernmental organization advocacy accelerated the momentum of support for the Summit and contributed to its broad participation. Advocacy with the Commonwealth, the French-speaking countries and the Movement of Non-Aligned Countries was of particular importance at the global level. The SAARC meeting in 1990 was of great importance in advancing the Convention among member Governments.

234. Other intergovernmental organizations were mobilized during 1990 to advocate for UNICEF priorities, most notably the Summit of the Economic Community of West African States at Banjul, the South-South Summit at Kuala Lumpur and the France-Afrique Summit at La Baule, France.

235. Similarly, UNICEF worked to strengthen its collaboration with intergovernmental organizations and established operational guidelines for working with intergovernmental organizations in two executive directives during 1990, one dealing with OAU and one with intergovernmental organizations in general. The guidelines outline formal institutional linkages with intergovernmental organizations and clarify the respective roles of headquarters, regional and country offices.

J. Broadcasting and video

236. UNICEF undertook a number of new initiatives and broke new ground in relationships with broadcast media during 1990, leading to greatly expanded coverage.

237. Much of this effort focused on global information and communications support for the World Summit for Children (see paras. 208-213 above). In addition, a promotional video, "Today's Children, Tomorrow's World", was

produced three months before the Summit and narrated by the prominent American television personality Mike Wallace. Radio coproductions were carried out with French, German and Netherlands radio networks. Video news releases, background footage and audio packs were also widely distributed. Numerous other cooperative efforts with broadcast media during the Summit will form the basis of longer-term collaboration.

238. The first workshop on Animation Film for Development was held at Prague in March 1990. As a result, Disney and Hanna-Barbera, two of the biggest producers of animated films, are participating in two different UNICEF-assisted projects in the developing world. In Ecuador, Disney is helping to produce animated films and comics on good health, and in the SAARC region, Hanna-Barbera is working on films to help improve the status of the girl child.

239. UNICEF co-produced a number of television and radio programmes, including "Beyond the Wall", a documentary on the UNICEF PHC programme in China; "Breast-feeding: A Global Priority"; "The African Child", the work of an independent African producer, presenting children's problems from an African perspective; and "The Girl Child", produced in India and showing the cultural obstacles facing young females in that country.

240. Numerous radio co-productions were undertaken, including with Austrian Radio, Radio Luxembourg and Finnish Radio. Working with the Evaluation Office, the Division of Information and the UNICEF office in Chad conducted a survey of the impact of rural radio in the country. The survey recommended a strengthening of rural radio as an essential tool in building national capacity. A new development on the radio side was the audio-pack, a package of audio cassettes combined with printed background material for use by schools and NGOs, as well as broadcasters.

K. Publications

241. UNICEF issued a number of publications aimed at the media, NGOs and other groups to support advocacy for children in 1990. Many were geared to the Summit, but there were a number of other special publications, as well as regularly scheduled ones.

242. UNICEF also participated in the production of a special Summit newspaper, of which four issues were published during the week of the conference. Other publications were designed to keep UNICEF offices and NGO partners informed on developments, including a bimonthly Summit Update, an electronic bulletin board (Summitron) and special editions of Intercom, both before and after the Summit. Post-Summit publications included a pocket-sized booklet containing the Summit Declaration and Plan of Action and the Convention on the Rights of the Child.

243. UNICEF also produced two editions of a kit on the Convention on the Rights of the Child, working with the Centre for Human Rights, and another for the World Conference on Education for All, in cooperation with UNDP, UNESCO and the World Bank.

244. Periodical publications produced in 1990 included the weekly Newsflash and the quarterly UNICEF Intercom, designed to provide in-depth treatment of substantive issues, and African Kora, aimed at African artists and intellectuals. Core publications produced in 1990 in English, French and Spanish included the Annual Report and its Supplement and Facts and Figures, a yearly brochure containing basic information on the organization and its main programmes.

245. The Division of Information cooperated extensively with the Programme Division in the production of Staff Working Papers, policy reviews and other publications. More than 30,000 photographs and colour transparencies were prepared, collated and distributed to National Committees, field offices, NGOs and the media. The photo library at the Geneva Office was reorganized and can now service most of the requests from European media and National Committees.

246. Photographic coverage of the Summit was coordinated with the United Nations Photo Unit, supported by the Canadian International Development Agency, which provided a staff photographer. Hundreds of photographic kits and sets of colour slides of Summit events and related children's activities were distributed to the media, National Committees, field offices and Permanent Missions. Individual photographs were forwarded to each participating head of State or Government, together with commemorative materials.

L. Emergency information

247. In 1990, there were dramatic increases in the number and complexity of country and regional emergencies caused by wars, civil conflicts, disasters and drought, notably in the Middle East, Africa and Central and Eastern Europe. This upsurge triggered greater demand for information from the media, National Committees and field offices. Frequently, rapidly changing situations necessitated constant monitoring by emergency information officers working closely with their field counterparts and headquarters staff to provide information on the needs of children and measures taken to assist them. The situation between Iraq and Kuwait and the Special Relief Programme for Angola dominated emergency activities during the last four months of 1990. A daily news clipping service covering all emergency countries was provided for headquarters and selected field staff.

M. Electronic communications

248. The electronic information network that links UNICEF headquarters, field offices, National Committees, some international agencies and NGOs increased to more than 300 users in 1990. More than 2,500 messages were sent per month. Two special databases were created: EFABASE for the World Conference on Education for All; and SUMMITRON for the World Summit for Children. Other databases include materials that are extracted from the NEXIS full-text database of news articles. The network also transmitted Newsflash, Newswire, Information Update, Emergency Information Notes, bulletin boards of general information, feature stories, press releases and selected programme materials of interest to UNICEF partners and field offices.

N. Education for development

249. With the recruitment of education for development officers in New York and Geneva in 1990, work commenced on the formulation of a UNICEF education-for-development policy. This policy would provide a common rationale and set of objectives for the work of the National Committee Development Education Officers by closely reflecting the education-for-all recommendations. The policy will intersect with the work of the new education-for-all programme in the Programme Division.

250. A wide-reaching consultative process, involving National Committees, NGOs, other United Nations organizations and education specialists, has been set in motion, including an ad hoc consultation meeting, which brought together National Committee Development Education Officers in Thonon, France, in January 1991.

251. Education for development work within UNICEF will include training programmes for teachers and volunteers, the production of teaching materials and resources and the establishment of special projects that will emphasize joint undertakings between two or more National Committees, and between National Committees and other organizations involved in education for development. In addition, the World Conference on Education for All has provided a broad framework for education-for-development activities applicable in both industrial and developing countries.

O. Fund-raising

252. Total UNICEF income in 1990 reached a total of $821 million, for an increase of $154 million or about 23 per cent. Of the total, general resources accounted for $536 million, an increase of some $113 million over 1989 general resources income of $423 million, in spite of an exchange rate loss of $34 million caused by the devaluation of the rouble. Supplementary funds, which include emergencies, increased by $41 million to $285 million over 1989. General resources were $57 million higher than the medium-term plan, and supplementary funds were $43 million higher. Italy, Sweden and the

United States maintained their positions as the top three contributors to the organization. In 1990, Sweden was both the largest per capita contributor, with donations of almost $12 for each person to UNICEF, and the largest contributor in absolute terms.

F. Greeting card and related operations

253. In 1990, GCO continued to consolidate and build on its expanded mandate covering four areas of public support: product sales (its traditional area of activity); exhibits and promotion; private-sector fund-raising support to National Committees and field offices; and special fund-raising events and new initiatives.

254. During the 1989/90 season, $61.7 million was contributed by the general public world wide to UNICEF general resources through GCO. This was $18.5 million higher than in the previous season. Sales volume of greeting cards rose to 152 million cards, 13 million more than in the previous season. Indications are that the 1990/91 season will continue the upward trend begun in 1985.

255. These encouraging results are due to the world-wide network of National Committees, field offices and participating NGOs in 145 countries, which provides a powerful means of building grass-roots understanding and support for UNICEF work. Through the distribution of millions of brochures and mail pieces, the efforts of thousands of volunteers and the airing of hundreds of print and broadcast public service announcements, the name of UNICEF and its mission is made known to millions of people.

256. The year 1991 is expected to be a year of renewed effort and growth for GCO, with special emphasis on the areas of private sector fund-raising and special fund-raising events. GCO plans to provide National Committees and field offices with substantial support in developing new channels of fund-raising in the private sector. Assistance will be provided in obtaining new donors, increasing the size and frequency of donations and developing long-term partnerships with large and small donors. Support will be given to establishing structures for future outreach and fund-raising in Central and Eastern Europe, Latin America, Asia and the Pacific.

Product sales

257. Highlights in this area of activity included further testing of new product lines and their adaptation to new markets; expansion of the retail store programme in Europe; implementation of a special project to strengthen the greeting card sales programme in the United States; application of cost controls to move towards the 50 per cent profitability goal; and computerization of the Brazil and Singapore production centres and field offices with major sales operations.

Exhibits and promotion

258. GCO was involved extensively in developing opportunities to raise public awareness of the needs of the world's children provided by the World Summit for Children. The Summit also provided the impetus for a number of other activities, including special messages in millions of GCO catalogues and packaging, and the distribution of promotional posters, T-shirts and other products. In New York, the UNICEF House Visitors' Centre continued to draw school groups and others, as did several special exhibits on UNICEF-related subjects in the United Nations General Assembly building.

Private sector fund-raising

259. Active cooperation between UNICEF and National Committees was enhanced through a number of fund-raising working groups and other meetings. At the request of National Committees, GCO placed special emphasis on fund-raising for UCI in 1990 and beyond, and on providing documentation and support for direct mail appeals, payroll deductions, legacies and bequests, and corporate fund-raising.

260. In the 1989/90 season, $11.3 million net was raised through GCO-supported direct-mail fund-raising campaigns. Direct-mail campaigns to raise incremental funds for UCI were developed and tested in cooperation with a number of National Committees. The results of these tests will be used to stimulate further fund-raising efforts in this area.

Special fund-raising events and new initiatives

261. The transfer to GCO of responsibilities for special fund-raising events was completed in 1990. Quantitative goals and qualitative standards were established and disseminated. National Committees and field offices have sought and received guidance on proposals for special fund-raising events and new initiatives in their countries (see also E/ICEF/1991/L.4).

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FOR INFORMATION

REPORT OF THE EXECUTIVE DIRECTOR (PART II)

Addendum

Programme statistics

The present addendum to the report of the Executive Director provides statistical information on programme expenditures for each region and by type of expenditure and quantified information on UNICEF assistance in water supply and sanitation programmes.

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Notes on programme statistics

1. The present addendum presents statistics on total UNICEF programme expenditure in tables 1 to 6, and quantified information on UNICEF inputs in water supply and sanitation programmes in tables 7 (a), 7 (b) and 7 (c), and the number of countries assisted in different programme fields in table 8. The expenditure data given are for the four most recent years - 1987, 1988, 1989 and 1990 - compared with 1980.

2. Tables 1 to 4 show, respectively, UNICEF programme expenditure by different programme fields in Africa, the Americas and the Caribbean, Asia and the Middle East and North Africa. Since UNICEF follows a country approach rather than a regional approach to programming, the differences among regions reflect the relative child population, gross national product (GNP) and under five mortality rates (U5MR) of the countries in the region. The child population (0-15 years) and U5MR are shown in these tables to provide a sense of proportion when comparing expenditure by region.

3. Table 5 shows the distribution of UNICEF programme expenditure by different types of input, i.e., supplies and equipment, training grants, project personnel costs, other cash assistance and freight costs. Project personnel costs comprise salaries and related expenses paid to project personnel with UNICEF contracts and other short-term personnel. In 1990, 49 per cent was spent for supplies, equipment and freight cost, 7 per cent for training stipends, 15 per cent for project personnel and 29 per cent for other cash assistance.

4. Table 6 shows UNICEF programme expenditure for 1990 in countries grouped by different levels of GNP per capita and U5MR. Some 65 per cent of programme expenditure is accounted for by 36 countries with a GNP per capita of less than $480 and a U5MR of more than 140 per 1,000 live births. An additional 14 per cent of programme expenditure is accounted for by 12 low-income countries, and the remaining 23 per cent by 58 middle-income countries. In 1990, UNICEF assistance to 41 least developed countries (LDCs) totalled $234 million, or 42 per cent of total assistance to countries.

5. Tables 7 (a) and 7 (b) show the number of water system and excreta disposal installations completed and the expected number of beneficiaries. In addition to capital assistance, training activities were also conducted simultaneously. Table 7 (c) shows the number and types of trainees in water supply and sanitation programmes. Table 8 shows the number of countries assisted in different programme fields.

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Table 1. UNICEF expenditure in Africa by different programme fields

U5MR (1989)	Number of countries assisted	Child population (0-15) in millions (1990)
	44 a/	231
Over 140	(32)	(181)
71-140	(8)	(49)
21-70	(3)	(0.6)
less than 20	(1)	(0.0)

UNICEF programme expenditure
(In millions of United States dollars)

	1980		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Basic child health	18.0	35	54.1	41	59.3	40	76.8	45	104.6	48
EPI b/			(28.0)	(21)	(26.7)	(18)	(38.4)	(23)	(51.1)	(24)
ORT b/			(1.6)	(1)	(2.1)	(1)	(2.8)	(2)	(2.8)	(1)
Other health			(24.5)	(19)	(30.5)	(21)	(35.6)	(21)	(50.7)	(23)
Child nutrition	2.2	4	7.5	6	7.2	5	9.3	5	13.3	6
Water supply and sanitation	9.4	18	22.0	17	21.4	15	23.4	14	26.6	12
Education	10.7	20	7.6	6	8.8	6	10.3	6	11.6	5
Community and family-based services	2.1	4	4.3	3	5.7	4	5.5	3	13.9	7
Emergency relief	6.3	12	18.5	14	23.1	16	16.3	10	18.9	9
General c/	3.5	7	17.2	13	20.3	14	28.4	17	27.5	13
Subtotal	52.2	100	131.2	100	146.0	100	170.0	100	216.4	100
Global funds d/	0.4		e/		e/		e/		e/	
Total Africa	52.6		131.2		146.0		170.0		216.4	

a/ Includes two countries (Gabon and Seychelles) that receive assistance from global funds (interregional fund for programme preparation, promotion and evaluation (IFPPE)).

b/ Before 1986, figures for the expanded programme on immunization (EPI) and oral rehydration therapy (ORT) were not available separately.

c/ Consists mainly of planning and project preparation, programme support services and communication.

d/ Refers to allocations from the World Health Organization (WHO)/UNICEF Joint Nutrition Support Programme (JNSP), the essential drugs programme, the Infant Mortality Reduction (IMR) Reserve and IFPPE.

e/ Beginning in 1987, global funds have been included in the above expenditures by main sectors and by types of assistance.

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Table 2. UNICEF expenditure in the Americas and the Caribbean by different programme fields

U5MR (1989)	Number of countries assisted	Child population (0-15) in millions (1990)
	35 a/	169
Over 140	(1)	(3)
71-140	(11)	(87)
21- 70	(12)	(76)
less than 20	(2)	(3)

UNICEF programme expenditure
(In millions of United States dollars)

	1980		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Basic child health	1.9	16	11.9	38	14.2	38	21.5	42	22.7	39
EPI b/			(2.3)	(7)	(3.6)	(9)	(7.4)	14	(11.2)	(19)
ORT b/			(1.1)	(3)	(0.8)	(3)	(1.7)	3	(1.4)	(2)
Other health			(8.5)	(28)	(9.7)	(26)	(12.4)	24	(10.1)	(18)
Child nutrition	1.9	16	1.3	4	2.4	6	2.1	4	2.2	4
Water supply and sanitation	1.1	9	2.1	7	2.5	7	3.3	6	4.7	8
Education	1.5	13	4.5	15	5.0	13	6.2	12	6.5	11
Community and family-based services	2.4	21	4.9	16	5.7	15	7.5	14	12.7	22
Emergency relief	0.7	6	1.2	4	0.7	2	0.8	2	0.2	-
General c/	2.2	19	4.9	16	7.2	19	10.3	20	8.9	16
Subtotal	11.7	100	30.8	100	37.7	100	51.7	100	57.9	100
Global funds d/	0.5		e/		e/		e/		e/	
Total Americas and the Caribbean	12.2		30.8		37.7		51.7		57.9	

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a/ Includes nine Caribbean Islands. Includes five countries (Barbados, Suriname, Trinidad and Tobago, Uruguay and Venezuela) that receive assistance from global funds (IFPPE). U5MR data for 1989 are not available for the nine Caribbean Islands.

b/ Before 1986, figures for EPI and ORT were not available separately.

c/ Consists mainly of planning and project preparation, programme support services and communication.

d/ Refers to allocations from the WHO/UNICEF JNSP, the IMR Reserve and IFPPE.

e/ Beginning in 1987, global funds have been included in the above expenditures by main sectors and by types of assistance.

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Table 3. UNICEF expenditure in Asia by different programme fields

U5MR (1989)	Number of countries assisted	Child population (0-15) in millions (1990)
	34 a/	978
Over 140	(8)	(462)
71-140	(7)	(141)
21- 70	(7)	(374)

UNICEF programme expenditure
(In millions of United States dollars)

	1980		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Basic child health	31.7	28	57.8	38	66.1	40	79.5	39	98.2	42
EPI b/			(41.7)	(27)	(43.6)	(26)	(53.6)	26	(71.2)	(31)
ORT b/			(2.6)	(2)	(2.5)	(2)	(4.5)	2	(2.9)	(1)
Other health			(13.5)	(9)	(20.0)	(12)	(21.4)	11	(24.1)	(10)
Child nutrition	14.0	12	12.5	8	10.2	6	12.7	6	10.9	5
Water supply and sanitation	33.5	29	29.4	20	35.5	21	41.0	20	43.1	18
Education	18.3	16	21.2	14	20.6	12	17.2	9	34.9	15
Community and family-based services	7.8	7	13.7	9	15.8	10	19.5	10	12.0	5
Emergency relief	1.9	2	1.7	1	3.5	2	10.6	5	11.0	5
General c/	7.1	6	15.4	10	15.3	9	23.1	11	22.7	10
Subtotal	114.3	100	151.7	100	167.0	100	203.6	100	232.8	100
Global funds d/	0.3		e/		e/		e/		e/	
Cambodia relief	49.0									
Total Asia	163.6		151.7		167.0		203.6		232.8	

a/ Includes 13 Pacific Islands. U5MR data for 1988 not available for 12 islands.

b/ Before 1986, figures for EPI and ORT were not available separately.

c/ Consists mainly of planning and project preparation, programme support services and communication.

d/ Refers to allocations from the WHO/UNICEF JNSP, the IMR Reserve and IFPPE.

e/ Beginning in 1987, global funds have been included in the above expenditures by main sectors and by types of assistance.

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Table 4. UNICEF expenditure in the Middle East and North Africa by different programme fields

U5MR (1989)	Number of countries assisted	Child population (0-15) millions (1990)
	14 a/	132
Over 140	(3)	(17)
71-140	(5)	(75)
21-70	(6)	(40)
less than 20		

UNICEF programme expenditure
(In millions of United States dollars)

	1980		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Basic child health	6.1	30	17.6	45	15.8	43	22.6	37	21.3	38
EPI b/			(13.5)	(34)	(9.0)	(24)	(14.2)	23	(14.0)	(25)
ORT b/			(1.1)	(3)	(1.5)	(4)	(2.2)	4	(1.5)	(3)
Other health			(3.0)	(8)	(5.3)	(14)	(6.2)	10	(5.8)	(10)
Child nutrition	0.7	4	0.9	2	0.9	2	1.0	1	0.3	1
Water supply and sanitation	6.5	32	11.3	29	8.9	24	7.9	13	7.7	14
Education	3.7	18	1.4	4	1.4	4	2.2	4	3	5
Community and family-based services	1.4	7	1.3	3	1.5	4	1.8	3	2.2	4
Emergency relief	0.2	1	3.8	10	4.9	13	21.6	35	18.4	32
General c/	1.7	8	2.9	7	3.6	10	4.1	7	3.7	6
Subtotal	20.3	100	39.2	100	37.0	100	61.2	100	56.6	100
Global funds d/	0.2		e/		e/		e/		e/	
Total Middle East and North Africa	20.5		39.2		37.0		61.2		56.6	

a/ In addition, five countries (Bahrain, Kuwait, Qatar, Saudi Arabia and United Arab Emirates) receive regional cooperation from global funds (IFPPE).

b/ Before 1986, figures for EPI and ORT were not available separately.

c/ Consists mainly of planning and project preparation, programme support services and communication.

d/ Refers to allocations from the WHO/UNICEF JNSP, the IMR Reserve and IFPPE.

e/ Beginning in 1987, global funds have been included in the above expenditures by main sectors and by types of assistance.

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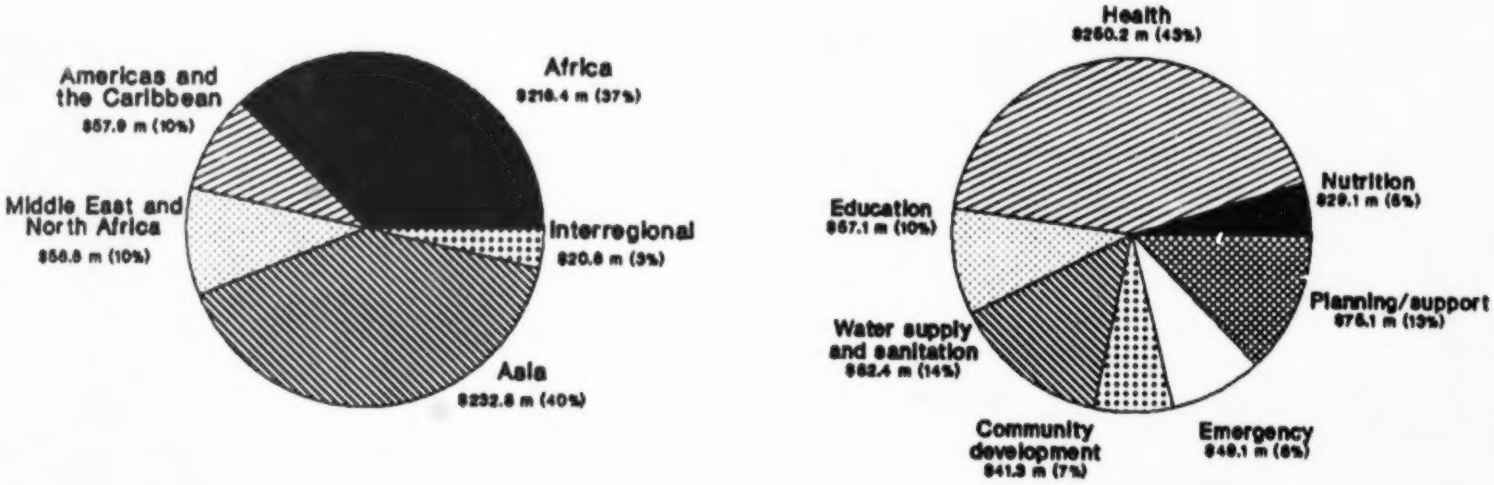
Figure I.

1990 UNICEF programme expenditure

by regions and programme fields



Total programme expenditure: $584.3 million

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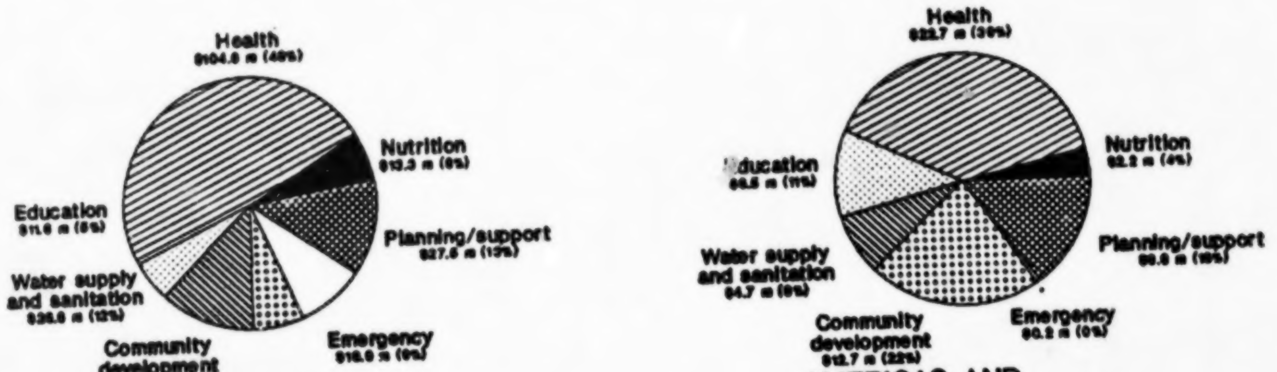
Figure II.

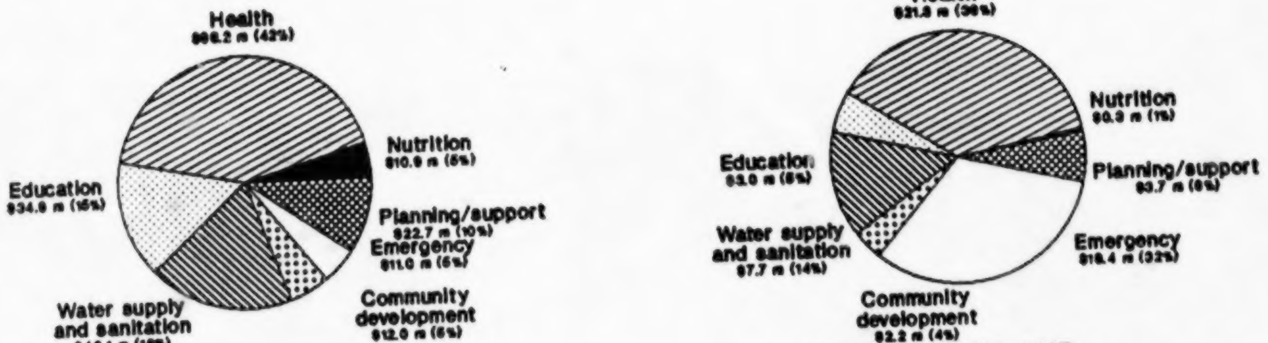
1990 UNICEF regional expenditure

by programme fields



AFRICA $216.4 m

AMERICAS AND
THE CARIBBEAN $57.9 m



ASIA $232.8 m

MIDDLE EAST AND
NORTH AFRICA $56.6 m

Table 5. Programme expenditure by type of input

(In millions of United States dollars)

	1980		1987		1988		1989		1990	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Supply and equipment (including freight)	187.0	74	199.5	54	214.9	54	258.9	51	288.6	49
Training grant	15.9	6	27.5	8	29.2	7	34.3	7	38.9	7
Project personnel a/	24.1	10	55.1	15	62.0	16	74.2	15	89.1	15
Other cash assistance	24.7	10	83.7	23	93.5	23	133.7	27	167.7	29
Total programme expenditure	251.7	100	365.8	100	399.6	100	501.1	100	584.3	100

a/ Comprises salaries and related expenses paid to project personnel with UNICEF contracts and other short-term personnel.

Table 6. Programme expenditure for countries classified according to gross national product and under-five mortality rate

1988 GNP and 1989 U5MR a/	1990 child population (in millions)	Number of countries	1990 programme expenditure (in millions of US dollars)	Total expenditure (percentage)	Total child population	Cents per child (US cents)
Low income						
Very high U5MR	641	36	355	64	42	87 b/
High U5MR	151	10	54	10	10	36
Middle U5MR	326	2	21	4	22	80 c/
Subtotal	1 118	48	430	77	74	71 d/
Lower middle income						
Very high U5MR	22	7	31	6	1	136
High U5MR	180	19	59	11	12	33
Middle U5MR	107	19	29	5	7	27
Low U5MR	2	1	0	0	0	9
Subtotal	311	46	119	21	21	38
Upper middle income						
Very high U5MR	0	1	0	0	0	37
High U5MR	21	2	2	0	1	10
Middle U5MR	59	8	6	1	4	10
Subtotal	80	11	8	1	5	10
Total	1 509	105 e/	557 f/	100	100	37
(of which LDCs)	(204)	(41)	(234)	(42)	(14)	(114)

a/ Low income = GNP per capita less than $480.
Lower middle income = GNP per capita between $481 and $2,160.
Upper middle income = GNP per capita between $2,161 and $5,420.
Very high U5MR = over 140 per 1,000 live births.
High U5MR = 71-40 per 1,000 live births.
Middle U5MR = 21-70 per 1,000 live births.
Low U5MR = 20 and under per 1,000 live births.

b/ Cost per child was calculated excluding India.

c/ Cost per child was calculated excluding China.

d/ Cost per child was calculated excluding India and China.

e/ The Pacific Islands and the Caribbean Islands are counted as two here.

f/ Excludes Romania, Barbados, Seychelles, interregional and regional programmes.

Table 7 (a). New and upgraded water systems assisted by UNICEF

	1989 (actual)		1990 (estimated)	
	No. of systems completed	No. of beneficiaries	No. of systems completed	No. of beneficiaries
Water supply				
Improved traditional sources	7 864	1 085 700	6 852	865 900
Wells with hand-pumps installed	83 135	14 607 900	94 494	17 567 900
Standpipes	1 925	818 800	1 808	1 142 000
Yardtaps and household connections	772	392 000	904	386 000
Total	93 696	16 904 400	104 058	19 961 800

Table 7 (b). Sanitation facilities assisted by UNICEF

	1989 (actual)		1990 (estimated)	
	No. of installations	No. of beneficiaries	No. of installations	No. of beneficiaries
Sanitation				
Excreta disposal	428 409	2 850 200	662 965	4 175 100
Solid waste disposal	4 636	35 000	9 340	67 500
Other	9 128	1 318 500	5 376	119 800
Total	442 173	4 203 700	677 681	4 362 400

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Table 7 (c). Training in water supply and sanitation programmes, 1990

	Number of trainees
Training of professionals and paraprofessionals	
Civil/sanitary engineers, sanitarians	22 474
Drilling engineers/master drillers	71
Mechanics, pipe fitters, mechanics assistants, well drillers	737
Training at the community level	
Hand-pump caretakers, storekeepers	10 704
Sanitation/hygiene education (development of methods/materials, training)	
Village workers	27 196
Other	5 234
Total	66 416

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Table 8. Number of assisted countries in each programme field

Programme fields	Africa 44	Asia 22 a/	Middle East and North Africa 14	Americas and the Caribbean 27 b/	Global 107 c/
Basic child health	44	21	14	24	103
Water supply and sanitation	39	16	8	20	83
Nutrition	38	19	8	22	87
Household food security	21	6	1	6	34
Education	39	20	12	22	93
Community organization and development	26	16	4	20	66
Young child development	8	11	3	11	33
Women-centred programmes	32	18	7	21	78
Children in especially difficult circumstances	9	11	6	18	44
Social mobilization and advocacy	28	18	13	17	76
Planning and social statistics	20	11	7	16	54
Emergency relief and rehabilitation	15	8	2	11	36 c/

a/ Thirteen Pacific Islands are counted as one programme.

b/ Nine Caribbean Islands are counted as one programme.

c/ Excludes emergency assistance to Romania.
